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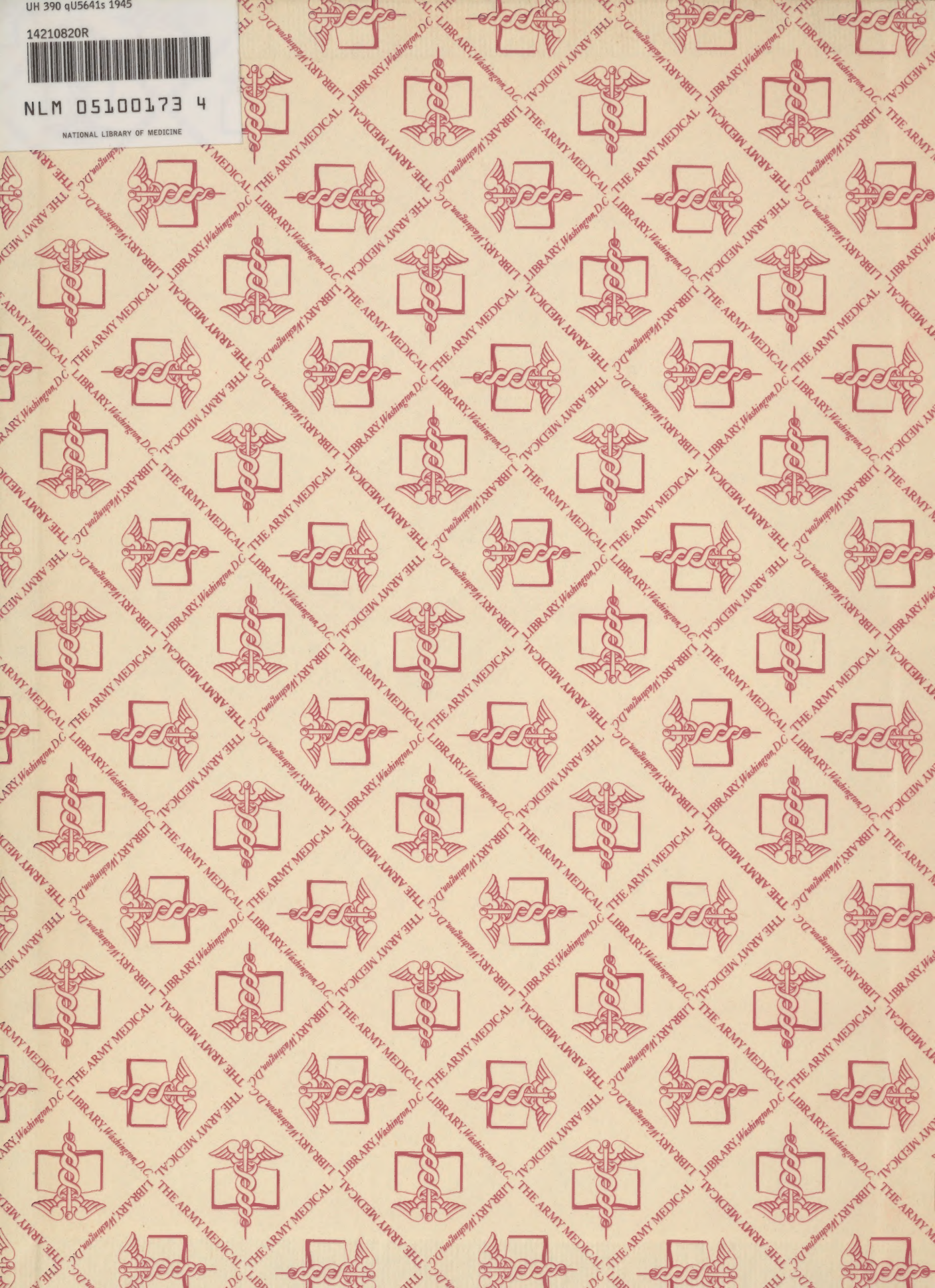
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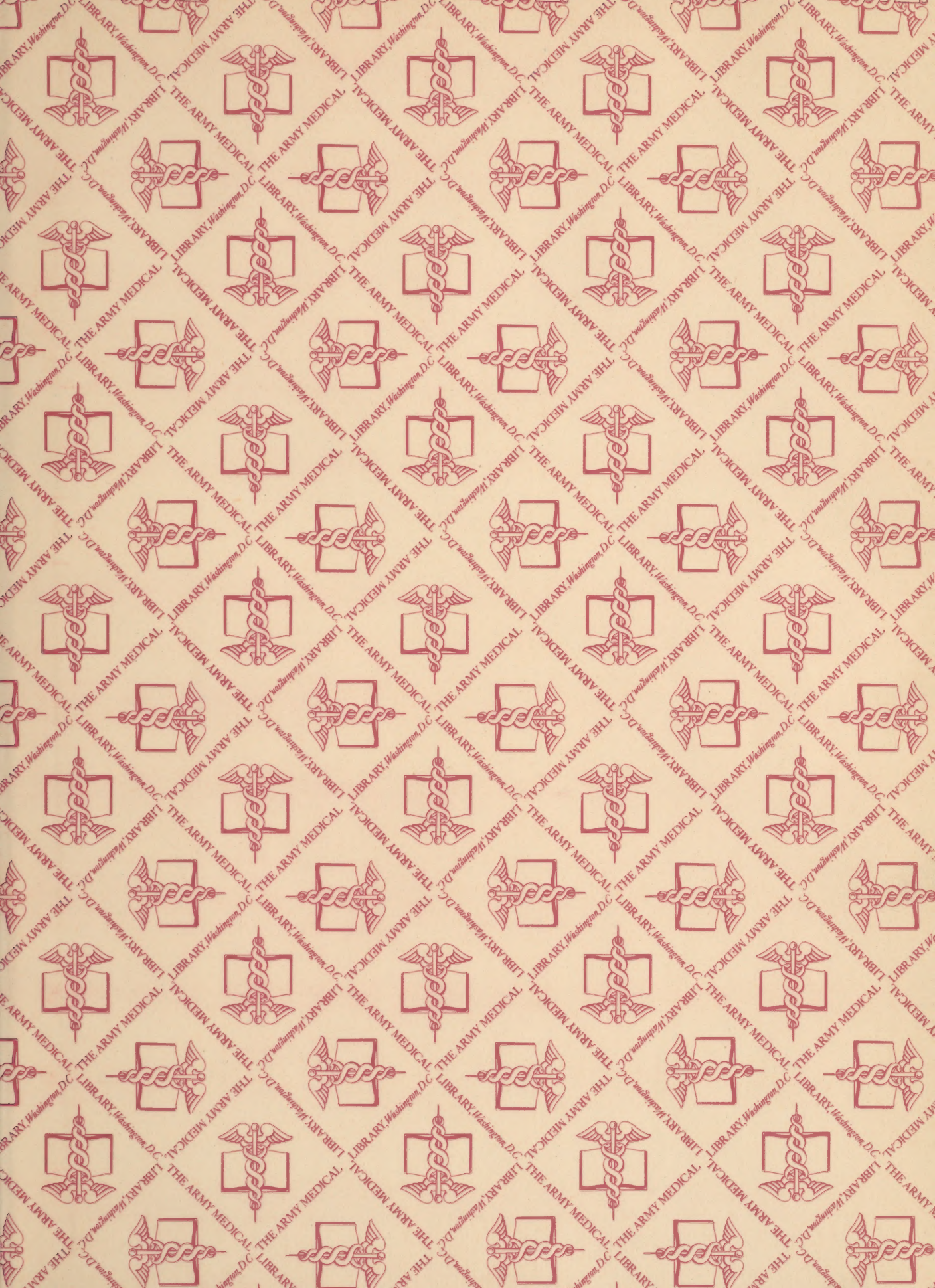
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SURVEY OF EFFECTIVENESS OF ASF TRAINED MEDICAL
DEPARTMENT UNITS AND PERSONNEL IN SWPA AND POA

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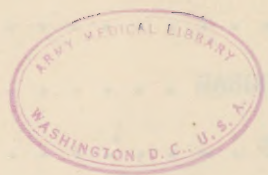
1. UNIT VARIOUS

- a. General Board of Health
- b. Station Hospital
- c. Field Hospital
- d. Quarantine Hospital
- e. Hospital for the Blind
- f. Lame House
- g. Hospital for the Deaf
- h. Hospital for the Feeble-minded
- i. Hospital for the Insane
- j. Hospital for the Paralyzed
- k. Hospital for the Skin Diseases
- l. Hospital for the Venereal Diseases
- m. Hospital for the Victims of Chemical Warfare
- n. Hospital for the Victims of Biological Warfare
- o. Hospital for the Victims of Atomic Warfare
- p. Hospital for the Victims of Radiation
- q. Hospital for the Victims of Space Warfare
- r. Hospital for the Victims of Air Warfare
- s. Hospital for the Victims of Land Warfare
- t. Hospital for the Victims of Sea Warfare
- u. Hospital for the Victims of Air and Sea Warfare
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- x. Hospital for the Victims of Air, Land, Sea and Space Warfare
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RECOMMENDATIONS

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SEP 19 1949

In compliance with letter order dated 28 February 1945, Colonel Floyd L. Wergeland, MC, 010599 and Lieut. Colonel Robert J. Moorhead, MC, 0350769, left Washington 6 March 1945 for period of temporary duty in the Pacific Ocean Area and Southwest Pacific Area. These two officers returned to Washington on 3 June 1945. The purpose of the temporary duty was to ascertain the deficiencies in training of the personnel previously sent from the United States to these two areas and to obtain information and impressions upon which to base a revision of training doctrine and training programs necessary in the redeployment of medical units and personnel from the European and Mediterranean Theaters.

GENERAL

This report is based upon information gained from headquarters, medical units, and personnel visited at Hawaii, Guadalcanal, Espiritu Santo, New Caledonia, Australia, British and Dutch New Guinea, Morotai, Luzon, Leyte, Mindanao, Saipan, Tinian and Guam. Troops were seen in combat only in the Philippines. (See TAB A).

It can be said without fear of contradiction that, with the means available, the medical units in the Pacific theaters (POA and SWPA) have performed magnificently. The basic medical soldiers, the enlisted technicians, the front line medics, and the utility men with medical units all share equally with the professional officer personnel in the successful care of the sick and injured. Commanding Generals of combat troops said their worries would practically disappear, if all the troops performed with the devotion and efficiency of the medics.

The frankness which is to follow in this report is considered essential for clarity and for the proper forewarning of the medical units and personnel either on their way or soon to be ordered to the Pacific theaters, and is not in anyway intended to convey the impression that the job has not been well done. How else can improvement occur without facts - pro and con?

1. Units Visited.

A total of approximately 240 units, headquarters and special offices were seen in the two theaters. (See TAB A). All types of units in various stages of activity were visited in an effort to obtain as complete information as possible on the training and employment of medical personnel. An attempt was made to visit every medical unit available at each base including those that were staging, staging with its personnel

performing duties other than medical; those actively engaged in the performance of their particular missions; and, those busily engaged in setting up their installations and at the same time receiving increasing numbers of patients. See TABS B, C and D for a compilation of the comments and opinions of the commanders of the units, headquarters and special offices visited.

a. General Hospitals.

(1) Thirty-five U.S. Army general hospitals (1000 - 3000 bed capacity) were seen. The most outstanding of the deficiencies complained of by these installations was the lack of utility personnel and equipment to perform their overall mission. To function efficiently in the theaters these large medical units must be as self sufficient as possible. This can be accomplished in one of 2 ways:

(a) Include in the T/O & E the personnel and equipment, including nonmedical items, essential for functioning in such a manner. At present, this personnel is all but impossible to obtain. The necessary equipment that is finally obtained is only gotten after the most concentrated effort on the part of base surgeons and hospital commanders.

(b) By making the "service teams", designed to perform such duties, available to the units at all times.

To understand the injustice placed upon hospital personnel (indirectly the patients) who are required to establish their own hospitals, one need but see the various medical specialists (surgeons, internists, laboratory men, roentgenologists, dentists, and the like) with their trained professional technicians pouring concrete, digging drainage ditches, building mess halls and operating rooms, assembling and installing heavy equipment -- in shifts because at the same time they must accept and treat patients. A great many of these specialists are between 35 and 50 years of age. They cannot be easily replaced but the hospital must function 24 hours each day. These people believe, and it certainly seems justifiable, that one of the worse mistakes made by the War Department was reducing personnel in their units then failing to furnish the service teams (finance, signal, guard, postal, laundry, engineer, sanitary, etc). The functions did not stop with the reduction in personnel. The hospitals were, therefore, forced to take technicians from other essential assignments and place them in these jobs for which they were not trained or qualified. What happens to the care of patients in one of the clinics or on a surgical service or in a ward filled with cases of skin diseases where each patient requires individual care when the calculated minimum of technicians to do this work is further reduced? To be forced to take enlisted specialists, trained in limited quantities to fill scarce category jobs, and put them into jobs for which they are not trained or in jobs that can efficiently be performed by basics seems only to result in inefficiency in both functions.

It is almost impossible for the commanding officer to do justice to an institution of more than 1000 to 1500 beds. Several hospitals larger than this were observed and found to be excellent but the commanders of these were selected, superior, well informed men in the operation of army units. They could not, however, physically see their complete installation more than once in 7 days and continue to perform the required administrative duties of the hospital. Such units are unweildy. The commanding officer is actually the "mayor" of a "small town".

Several of the hospitals seen had well planned and controlled convalescent programs in operation. Two of the convalescent centers were made possible through the splendid cooperation of the Air Corps. In these convalescent sections there were such athletic facilities as bowling alleys (smooth soft balls were soaked to increase their weight and the bowling alley and wooden pins were made by the convalescent patients), miniature golf courses, swimming pools, volley ball courts, and baseball diamonds. Woodcraft and hobby-lobby shops and gymnasiums were, also, available. In one gymnasium the following were improvised: weights for weight lifting, horizontal bars, parallel bars, horse, buck, overhead ladder, shoulder wheel, finger ladder and dumbbells. In the carefully planned program of the unit, graphs were kept on all men so that not only could the progress of the patient be checked but the patient could compare his response to that of others having similar injuries.

(2) A Naval base hospital (1000 beds), located in New Guinea, was visited. The entire hospital was in insulated quonset huts and it was very comfortable as compared to the Army hospitals at the same base.

The outstanding features of the hospital were a swimming pool, a water container which held twice the maximum capacity necessary for the hospital, and abundant kitchen equipment. The hospital had 8,000 cu. ft. of reefer space, four 75 K.V. generators, dish washing machines, ice cream and ice machines, and other labor saving devices for the kitchen. The hospital had its own laundry located in the hospital area.

To see and visit this hospital would convince anyone that the Army should have adopted the quonset huts for its hospitals.

The only suggestion the Commanding Officer could make for improvement of the quonset hut was that the floor for the shower and toilet should be concrete or some other stable material rather than plywood.

It was suggested that a bed frame be designed which contains in the construction a sliding or swinging "arm" to serve as the bedside table. This would not increase the shipping space nor the shipping weight appreciably yet the bedside table would always be present.

There were in this hospital quite a number of medical corpsmen being taught aseptic technic, how to give intravenouses and how to change dressings. The on-the-job instructors were nurses. The medical corpsmen had just arrived in the theater from the naval schools in the

States and were getting additional parallel training before being sent on new assignments.

(3) The 2ND/5TH Australian General Hospital (1200 beds) was visited only a few days after it had begun to receive patients and before the entire equipment had been assembled.

The following information will permit a comparison with the U. S. Army general hospital.

(a) The personnel for this hospital totals 550 of which 250 are females. There are 51 officers (male and female) of which 28 are doctors. There are 120 nurses, 271 enlisted men, and 108 enlisted women.

The commanding officer does not like the idea of the females being in the unit. The enlisted men all dislike the females being in the unit and have a feeling that they are intruding.

(b) There are attached to the hospital 7 officers, 1 W.O., 128 enlisted men, 15 enlisted women plus Red Cross personnel and an outside platoon of infantry as follows:

- (1) A laundry unit (1 officer and 65 other ranks).
- (2) A pay call (finance) unit (1 Warrant Officer, 2 NCOs).
- (3) Postal unit (1 Sgt, 1 Corporal, and 1 Private).
- (4) Dental unit (1 officer and 2 NCOs).
- (5) Maxillo-facial unit (2 officers, 3 other ranks. A dental surgeon is, also, in the unit).
- (6) Blood transfusion unit (3 officers (1 female), 5 male other ranks and 15 enlisted females).
- (7) An outside platoon of infantry is furnished to guard the nurses and enlisted women.
- (8) Red Cross personnel includes 1 male, 4 females, 2 drivers, and 1 orderly. (Red Cross confines efforts to the comfort of the patient not to all enlisted men as is done in the U. S. Army).
- (9) There is a carpenter, a butcher, 3 female telephonists (switchboard operators), 2 motor mechanics, 1 boiler attendant, 1 hairdresser, 11 regimental police (for traffic control), 1 plumber, and 1 boot maker.

(c) The tentage for the hospital is in sections and has a lining. The lining renders the tent much cooler than the U. S. Army tent and the pale green color of the lining helps in lighting the tent.

(d) The quality of the professional equipment seen is not as good as that in the U. S. Army hospitals. In the kitchen the Australian hospital uses the Weills cooker almost entirely. These cookers were parked under a shed near the mess supplies. The cooks were male but the dietitian was female.

(e) Most of the personnel seen performing functions comparable to the male enlisted technicians of the U. S. Army hospital units were females.

(f) The Commanding Officer sees all patients before they are discharged. Those that are ambulatory are lined up in formation and the others, when shipping space becomes available, will be seen in a disposition ward. He checks the disposition sheets and makes sure of the identification of the persons leaving the hospital.

(4) Personnel of the First Philippine General Hospital (1000 beds) was observed while in parallel (on-the-job) training with a U. S. Army hospital. Generally speaking, the Philippine nurses seemed to have had proportionately better training than had the Philippine doctors. However, it was learned that the Japanese would not permit the Philippine doctors to practice medicine and this might explain their apparent lack in training. The Philippine soldiers were interested in the work and were classed as excellent students by the American technicians, doctors and nurses. The Philippine Hospital personnel was happy to work with the American equipment and facilities.

b. Station Hospitals.

Forty-three station hospitals (50-750 beds) were seen and the remarks under general hospitals apply, almost without exception, to the 500 and 750 bed station hospitals.

The station hospital commanders and nearly all of the executive officers recommended that the executive officer be an M.C. not an MAC. When the commanding officer is absent for any reason, the executive officer should represent him or take over the unit in case of transfer of the commanding officer. An MAC executive officer does not work satisfactorily for several reasons. The MAC has more rank than most of the professional personnel who know more about how a hospital should be operated. The educational training of the MAC seldom can compare with the high type training of the M.C. Almost without exception the MCs are years older than the MACs. As a result of all this and in an effort to maintain harmony, the commanding officers have shouldered more work in an attempt to minimize the very important job of executive officer. The executive officer has

actually become another adjutant. The seriousness of this situation rests in the fact that there is no trained individual in the unit who can take over the unit when the commanding officer leaves. The chiefs of surgery, or medicine, or X-ray are usually the senior Medical Corps officers who "inherit" the job. They have not had time for training in the job of commanding officer - the executive officer has been the only man in a position to know what has been going on in the "front office". In addition, the sudden loss of the chief of one of these services means inefficiency in the professional care of the patients.

A considerable proportion of these units preferred to have trained male enlisted technicians to female nurses. So far, in the operations of the SWPA, the station hospitals have been moved about like the field hospitals. The nurses have often been on detached service to other units while their hospital is going in early on an operation. After the situation has quieted the nurses are sent in to the unit to "take over" from the technicians who have, not only done their usual duties, but also, those the nurses would ordinarily do. Thus, when the nurses move in, the morale of the enlisted element immediately hits bottom.

One 250 bed station hospital which was functioning as a special neuropsychiatric hospital was seen. The enlisted technicians had been trained in care of neuropsychiatric cases for the past 18 months. The hospital treated 2000 NP cases while in New Guinea and, since in the Philippines has had 1600 admissions with a peak load of about 500. There were 350 patients in the hospital the day the undersigned visited it. The average length of hospitalization was 11 days. The patients are transferred from general and station hospitals on the base. Intensive therapy is instituted at the hospital and about 80% of all admissions are returned to duty (70% of psychoneurotics and 95% of adult maladjustments). No psychotics are treated in the hospital. Such a hospital as this needs at least 10 more trained enlisted technicians including highly trained occupational therapy technicians. This particular hospital is used for training medical officers in neuropsychiatry.

g. Field Hospitals. (400 bed)

Eighteen field hospitals were seen in all stages of activity and performing the most varied duties of the hospital units. In all instances, the hospitalization units were together. This included those field hospitals that were augmented by addition of surgical teams from rear area general hospitals. One such unit had treated approximately 9000 patients in the 4 months prior to our visit. There were about 900 patients in the hospital the day of our visit but the peak load for this unit had been 1250 patients. Of 200 enlisted men, 168 had MRTC training and 32 had been trained in Enlisted Technician Schools. One hundred ninety-two of the original enlisted men were still with the unit which was activated in the fall of 1942 and has been overseas two years.

The personnel of these units recommend that the female nurses be replaced with well trained enlisted men. The unit commanders of these units to be redeployed should be advised to functionally pack their equipment, prepare an SOP for the unit to function as a station hospital, an evacuation hospital, as separate hospitalization units, and as a complete field hospital. They must have plans for taking care of more than 400 patients. Personnel in the unit must know how to use weapons and to establish a strong perimeter defense. The field hospital cannot move as a unit without the addition of from 50 to 56 trucks. Several of the commanders recommended that all field hospitals be reorganized as 400 bed evacuation hospitals.

Field hospitals were seen being used as V.D., NP, evacuation, and station hospitals.

d. Evacuation Hospitals.

Eleven evacuation hospitals were visited, 8 of which were 400 bed units. The 750 bed units were used like large station or general hospitals. As an example, a 750 bed evacuation just south of Manila was taking care of 2000 patients. The 400 bed evacuation hospitals were the least altered of all the hospital units in the theaters. It is imperative that the enlisted technicians in these units be well trained to work as teams with the surgeons. Each of the commanders recommended that the enlisted technicians all have Enlisted Technician School training and that the hospital actually set up in tents, tear down, move and set up again and again during the training program. The majority opinion of the hospital commanders and others concerned with its use and employment is that the female nurses be replaced with well trained enlisted technicians because of the administrative difficulties connected with the use of nurses in addition to the fact that the nurses cannot accompany the unit on amphibious operations.

e. Portable Surgical Hospitals.

Of the eight such hospitals seen all expressed need for an administrative officer and additional transportation facilities. The majority opinion is that this unit served a very definite purpose in certain jungle operations but that it has now, as such, outlived its usefulness. In its place there should be surgical teams without the administrative requirements of the portable surgical hospital. Several of these hospitals were used to support the clearing stations of the division as surgical teams.

f. Line Units.

To understand the medical problems confronting the line units, eleven infantry divisions, one cavalry and one airborne division as well as hospitals in the combat zone supporting them were visited. (See TAB D)

Battalion aid stations, regimental aid stations, collecting stations and clearing stations were observed while they were in operation. On several occasions the visiting officers were in advance of the aid stations visiting infantry company officers and infantry battalion commanders. Company aid men and litter bearers of units actively engaged in combat were observed while performing their missions. Other front line "medics" (enlisted men) were seen, in daylight and under blackout conditions, transporting casualties, bandaging the wounded, splinting fractures, giving medications, plasma and whole blood, giving anaesthetics and assisting the surgeons in operations. In clearing stations, throughout several nights, enlisted technicians were observed performing such duties. The patients were arriving with such severe injuries and in such numbers that it was not possible for the technicians or doctors to rest throughout the night. These enlisted men not only know their jobs but their endurance and unselfish devotion to the injured "buddy" is a sight to behold. The clock like precision in these teams of surgeons and plain kids from your neighborhood who never wished to be in the "medics" and who do not intend to stay in the profession after final victory is a tribute to all who have participated in the training of them. The coolness with which the aid men and litter bearers go out on assignment would serve to comfort any man in his outfit. We asked riflemen what they thought of the aid men and other medics in their outfit and the answer from one was, "Those boys are jewels. I wouldn't go up there without them. I'd desert first." Another said, "How can you lose, with guys like them?"; another even said, "Say, Colonel, why don't you get these medics combat pay? They deserve it." The division commanders are just as proud of their medics as the riflemen. The most pleasant and encouraging part of this temporary duty was the time spent with these line outfits.

g. Malaria control and survey units.

All but 2 of the commanding officers of the seventeen such units seen recommended that the malaria control and survey units be combined into one unit in the ratio of 1 survey to 2 control units. Since the units were usually present in this ratio on a base, it was considered that their missions would be more easily accomplished if under the same control. Such a unit could cover from 15-20 square miles depending upon the terrain.

Based upon experience, the control unit must have the assistance of a sanitary company or its equivalent in native or prisoner of war help to perform its mission. It should, also, have an air borne bulldozer and a dragline with personnel trained to operate and maintain them. A mounted power sprayer with spare parts, hay knives, "potato" hooks, shop and 2nd echelon maintenance tools, and additional files for sharpening shovels, picks, etc., would permit more efficient operation. A good transit operator is essential. There are eight vehicles allowed this unit but there are only three drivers.

The malaria survey unit should have a hectograph for essential map work, many more slide boxes, and waterproof chests for the protection of microscopes and other equipment. The parasitologist in most of the survey units seems to be surplus since the parasitologist of the nearby general laboratory or general hospital could supply the needs.

The following measures have been used to accomplish the excellent control of malaria seen in statistics from such places as Guadalcanal, Espiritu Santo, New Guinea and Morotai: Thorough surveying, drainage, oiling and spraying, bed net and clothing discipline, atabrinization of troops (by roster), atabrinization of natives living within 2 miles of American troops, using adequate amounts of DDT in troop area and in native areas adjoining the troops, strict unit malaria control measures (checked frequently by malaria survey personnel under control of base malariologist), and judicious closing in of area perimeter when troops are moved out. Airplane spraying of DDT is a most important measure in the control of flies as well as mosquitoes.

Based upon the duties these units are performing, the training program for them should be more inclusive. For example, it should include instruction in the control of flies, other mosquito borne diseases (dengue and filiariasis), and diseases spread by other insects and parasites (scrub typhus, schistosomiasis, etc.). It has been suggested that the title and mission of these units be changed to more closely conform with their functions.

h. Medical Supply Units.

The depots were all busily engaged in constructing pallets and palletizing their supplies. Pallets should have been considered for inclusion in the T/E of these units as should fork lifts which are absolutely essential in warehousing. Personnel trained in palletizing and in operation and maintenance of fork lifts should have been furnished these units. These units often operate over wide areas with platoons in each of several locations, thus, more trained cooks and auto-mechanics should be in the T/O. Because the depot must operate 24 hours each day there is a need for suitable generators.

Enormous quantities of medical supplies were not protected from the weather -- not even by tarpaulins. Large quonset huts, as used by the Navy and, by the Army on several bases in the Pacific, should be adopted for quick construction and readiness before moving in the supplies. If a standard construction of this sort could be adopted, personnel could be trained more efficiently and the supply, storage and issue problems much lessened, as well as supplies saved from useless waste and disintegration.

The units could operate more efficiently if more of its vehicles were $2\frac{1}{2}$ ton trucks. Two $1\frac{1}{2}$ ton trucks are required to equal the accomplishment of one $2\frac{1}{2}$ ton truck. It is recommended that consideration be given

to furnishing 2½ ton trucks with removable sides so pallets can be loaded directly with the fork lifts. Power driven saws, so essential in constructing crates for supplies, are not on the T/E and are not often available to these units.

The optical repair teams, seen on this trip, were all at medical supply depots. Both the teams and depots recommend that the team be an integral part of the T/O & E of the depot.

i. General medical laboratory.

These units are so staffed and equipped that the only hindrance to the performance of their mission is local variation in administration and cooperation. It was suggested, however, that the Veterinary officer be replaced with a good sanitary engineer since the functions of the veterinarian could be and should be performed by the bacteriologist already available to the unit. All officers to be assigned to general medical laboratories in these theaters should have attended a tropical disease school. The parasitologist is a most important officer in this unit. Several of the units pointed out that the Museum and Medical Arts Detachments are not doing that which is expected of them.

It was evident that on several Army bases full use was not made of the laboratories. Problems were either left unsolved or were sent to general hospital laboratories.

j. Sanitary companies.

The following details have been performed by these units:
(1) rat extermination work, (2) police details for medical staging areas, (3) medical depot details, (4) hospital construction work, (5) malaria control work, (6) "landscaping" details, (7) to install sanitary appliances and to dig garbage pits and latrines for general hospitals, (8) assist in maintenance of sanitary appliances, hospital wards and clinics, (9) labor details on docks, and (10) to operate the mess and do police details for all units in a large staging area for hospital units.

These units prefer to have assignments with hospital units and should have a large percent of their personnel qualified to do utility work.

k. Medical ambulance companies.

These units need physically fit men. The only limited service men that can be used are those whose disabilities do not affect driving ability. All the members of the unit must be drivers and capable of

maintaining their vehicles. They must know first aid and have had training in use of small arms. No improvisations have been found necessary.

One unit gave the following interesting statistics for the past 5½ months. The average distance travelled per patient was 3.33 miles. The longest haul was 30 miles. 1500 patients was the maximum haul in one day. A total of 48,796 patients were carried 216,288 miles. There were 65 ambulances and 5 other vehicles in the motor pool of this unit.

1. Detachments, hospital ships, separate units and offices.

In addition to the above units, 13 medical detachments, 4 hospital ships, and six separate, medical units were seen. The 2 Theater Surgeons, 3 deputy surgeons, 2 Army surgeons, 3 corps surgeons, 16 base surgeons, and the Chief of Staff, Philippine Army were consulted on medical training matters. Because of their relation to Medical Department training activities a replacement depot, theater Adjutant General's Office, two training centers, a film equipage and exchange, and an officer candidate school were visited.

2. Health of Troops.

The low malaria rate is the result of excellent malaria control measures and is the reward for the splendid efforts of malaria control officers, malaria control and survey units. Not only was there a marked absence of mosquitoes but also of other insect pests in the areas occupied by American troops on Guadalcanal, Espiritu Santo, New Guinea and Morotai. However, in these areas, troops were continuing to observe malaria control measures. Malaria control and survey units were continuing their efforts and the areas were being sprayed with DDT at regular intervals. Flies were still a major problem with most front line units. In some instances this was due to an absence of sanitary discipline, in others, to poor sanitary discipline and the presence of carabaos and small native villages in the area. As would be expected, the sanitary precautions were much better around the medical units, however, several hospital installations were cautioned about their sanitary measures.

The very high venereal disease rate in the Philippines could be partially explained by sexual promiscuity, partially by the fact that troops in New Guinea had not been "pounded" with v.d. prevention thus, the importance of precautionary measures were not fresh in their minds, and partially by the fact that the troops have gained the impression that penicillin "answers all problems". The common expression was, "Why bother when penicillin will cure you in a day or so?"

Graphic training aids (posters and charts) presenting preventive measures for certain diseases and health problems were seen throughout the theater. Some of these graphic training aids were produced in the theater and some were produced by the War Department in Washington. The urgent need for more of these graphic training aids was indicated.

The American troops appeared well nourished. They do not like dehydrated foods, detesting most of all the dehydrated potatoes and eggs. The food varied in palatability with the units visited. Mess personnel in some units was able to make the dehydrated foods quite palatable with the result that all personnel in the unit was much happier. Fresh fruits and vegetables were very rare in certain areas and were well received when available. The troops were beginning to buy food in the restaurants in the Philippines against the advice of the medical authorities. The natives have been known to soak melons in water to increase their weight and American troops did not hesitate to pay enormous prices for melons and other fruits. It was not an unfamiliar sight to see a native Philippine just off the highway depositing human waste. He makes no effort to hide himself nor to cover up his waste.

NP and skin diseases were the principle reasons for loss of personnel to the medical units. It is not difficult to understand the mental attitude of troops who have been stationed in New Guinea, Guadalcanal, Espiritu Santo, and Morotai for long periods. There the individual must not only tolerate the heat and humidity of the jungles but he must continually fight the inestimable effect of loneliness. Over a period of time this certainly will not result in a very enthusiastic attitude toward continuing to tolerate it.

3. Supplies. (See TABS A, B, C AND D)

The supply of professional equipment by the Army has been reported as satisfactory, subject of course to individual suggestions for variances and improvement. There is, however, a marked need for equipment and supplies necessary for the operation of medical installations. Some are Medical Department items but many are not. Although one can easily identify those installations which have been built by the Engineers, the Medical Department personnel has done a fair job in building its hospital installations with lumber and prefabricated material, concrete and other materials obtained from various places by various means and with equipment bargained or bartered for on a temporary or semi-permanent basis. The units which were a little more fortunate obtained invaluable assistance from the Navy and the Air Corps. Hospitals were visited in which patients were being received in increasing numbers yet the hospital personnel was rushing construction on the rest of the hospital. The hospital units were forced by such situations as this to disassemble all improvised expedients, water pipes, drainage pipes, and electrical wiring when moving to assure themselves a little

less difficulty at the next station. Non-medical equipment is most difficult to obtain and the priority for hospital construction has been so low that hospital personnel has been forced to build their own installations while the air strips, roads and docks are being constructed. This the hospitals did by scrounging and begging assistance from any and all sources. The medical profession will not fail the sick and injured! In recent T/O changes personnel was taken away from hospitals and certain teams such as finance, signal, guard, postal, laundry, engineer, sanitary, etc., were planned to assist the hospitals but they have not been furnished almost without exception. The need for such help continued, therefore, the hospitals were forced to take technicians from other essential assignments and place them in these jobs. Hospital installations have been set up for operating and have functioned rather well not because of assistance rendered them but in spite of all handicaps.

4. Personnel. (See TAB E)

Medical units are not only operating short of T/O strength but are operating with personnel transferred to them from the line and other services. This personnel has not had medical training. At the same time, trained Medical Department personnel are being transferred to other services.

In visiting some of the front line units medical officers were seen in battalion aid stations who were over 40 years of age, whereas assigned to rear echelon installations there were large numbers of young medical officers some of whom had just completed medical school. In one instance a medical officer 28 years of age was the chief of the urological service of a large hospital. With situations of this type existing one can but agree with the front line units in their complaints that the younger men are "getting the breaks". The younger men should be sent to the combat units because they are better suited physically to stand the rigors of such an assignment. On the other hand, the older, more experienced men are more suited for duty in the hospital installations.

TRAINING

Sixty-five percent of the enlisted cadre of all the hospital units in the Southwest Pacific Area and Pacific Ocean Area Theaters had received medical basic training at ASFTCs. Seventy-one and eight-tenths percent of the authorized enlisted technicians of all these hospitals were trained in Medical Department Enlisted Technician Schools. (See TABS F and G).

1. Evacuation.

In the Philippines casualties are evacuated between the islands, and from the islands to the continent by air and by ship. Evacuation on the island (intra-island) is accomplished by litter, ambulance, and air.

a. Litter.

In all but rare instances the casualty is transported by litter from the point of injury to the battalion aid station. The litter haul is usually over terrain requiring usually more than the four litter bearers or a much longer time for the evacuation than is safe for the patient. In an effort to alleviate this situation the litter bearers of the collecting stations have been placed with the regimental aid stations leaving only the station personnel and the ambulance platoon as the collecting station.

The front line medical personnel has all been taught to give intravenous and hypodermics and to control hemorrhage. The litter bearers in some units carry plasma with them in addition to morphine and bandages. Because of sniper fire, the litter bearers are either armed or are protected by armed personnel detailed to accompany them. The Japanese soldier seeks out the medical soldiers and medical units. The infantry company officers must realize this and when there is a group of casualties to be evacuated they must set up a field of fire to protect the litter bearers while they are evacuating the casualties.

b. Ambulance.

Whereas the ambo-jeep was prized and used considerably in the jungles and in other operations prior to the Philippine engagement, the units in the Philippines are not using this means very much. In certain situations the ambo-jeep is the most desirable means of evacuating the injured because of its low silhouette. It is believed that under most situations met in the Philippines an ambulance can get about as close to the front lines as a jeep and is preferred for the comfort of the patient. When the ambulance is used, however, it is given protection. In some instances this is done by breaking the glass out of the back windows, or by taking the back step off the ambulance so that a guard can furnish some protection to the riding patients — the guard can either shoot from the ambulance or he can easily get out. Ambulances are used primarily for moving patients within the division area and from the clearing stations to air strips upon which small L5 planes can land. These air strips are located as near to the clearing station as practical. A ride in one of these ambulances over a typical road revealed the marked necessity for driving at a rate of 5 to 10 miles per hour. To drive any faster would throw the patient from the litter. The highways over which an ambulance could drive faster are jammed with carromatas and carts pulled by carabaos. However, even these highways are limited in number and do not frequent the terrain over which the fighting is taking place.

c. Air Evacuation.

(1) Small plane evacuation (Stinson L5B). The outstanding feature of the evacuation of casualties in the Philippines was evacuation

by the "cub" plane (Stinson L5B). These small planes carry the pilot (usually a sergeant) and one patient, either sitting or litter. They have done a remarkable job in the early, safe, rapid and comfortable transportation of the sick and injured patients. These small planes are landing on strips located as near the hospitals and clearing stations as possible and have landed by the collecting stations in operations where, for various reasons, the clearing stations have not been set up.

In the Luzon campaign, the landing strips were constructed by the Engineer Corps upon the recommendation of Army, corps, and division surgeons and were checked and approved by the air commando group before being used. These strips were approximately 1000 feet long by 75 feet wide. They were not surfaced but whenever possible they were oiled to minimize dust. Distinguishing marks were used to identify the strip and to indicate its security in forward areas where there was danger of enemy infiltration. Forward artillery observation strips were frequently found to be near enough to the clearing and collecting stations to be used for evacuation purposes. The required lengthening of these strips was readily accomplished with the cooperation of the artillery. The artillery agreed to routinely construct their air strips large enough to accommodate the L5. When permitted by the tactical situation, the clearing and collecting company commanders established their station in the vicinity of these strips eliminating the need for additional construction. A beautiful example of this was seen near Taloma, Mindanao where planes were evacuating 24th Division casualties. When the strips were located at the hospital or clearing station the use of the ambulance as an intermediary carrier was eliminated by constructing taxiways to the receiving and evacuation wards. Twenty-five bed holding stations were established near those strips located some distance from the medical installation excepting when the strips were serving division collecting companies. These small units were either separate clearing stations, collecting stations or portions of either and were equipped with facilities to give emergency medical treatment. They made the patient as comfortable as possible while awaiting transportation and the patients were sorted in the order of severity and priority for further evacuation. Patients are flown in the L5s from forward landing strips near clearing stations to evacuation hospitals and/or field hospitals 10 to 30 miles to the rear. This method of evacuation is used because the terrain is almost insurmountable and ambulances cannot traverse it. L5s are likewise transporting patients from these forward hospital installations to fixed installations in the rear or to C-47 air strips from which the patient can be flown further to the rear or to another island.

In the development of the system of air evacuation in the Luzon campaign full advantage was taken of the already established organization for Army medical evacuation provided by a medical group headquarters to which was attached medical battalions and separate ambulance, clearing and collecting companies. The ground organization and operation were provided and controlled by the Army Medical Department while an air

commando group, which supplied the L5 planes, supplied and maintained the planes and furnished the necessary radio communications. The supervision of landing strip construction and operation was under the jurisdiction of the medical battalions that were responsible for the evacuation and determination of needs for planes at clearing and collecting companies and at hospitals within their corps areas since one battalion with sufficient units to provide all necessary services was placed in support of each army corps. The medical group headquarters, in close association with the Army Surgeon's Office, directed and supervised the activities of the several battalions, coordinating their activities with the overall tactical situation. The medical group headquarters, also, worked directly with the air commando group and functioned as a central coordinating agency between the Ground and Air Forces. Through an established liaison system, capable of determining the evacuation needs of all clearing companies, collecting companies and hospitals, the bed status of hospitals and other pertinent information could be obtained and routine daily reports of admissions, dispositions, patients awaiting evacuation, bed status, and needs for supplies could be prepared and furnished medical battalion and group headquarters. This data served as a basis for the day to day operation of all phases of evacuation. Two-way radio communication was established between the air commando group and the medical group headquarters, battalion headquarters, and major strips located throughout the island. Standard operating procedures were published to obtain maximum uniformity in the operation of this evacuation.

Not only was emergency evacuation of sick and wounded from the division clearing and collecting stations to field and evacuation hospitals accomplished by the L5 but the planes were also used to move well qualified specialists to areas needing them at the moment. Casualties requiring immediate neurosurgery, maxillo-facial surgery, and other highly specialized procedures were often flown to hospitals where such services were available. The emergency delivery of medical supplies, including plasma and whole blood, to forward units was, also, readily incorporated in the evacuation system.

The small planes operated with maximum efficiency over distances not in excess of 30 miles. Over this distance one plane was able to evacuate 6 to 10 patients during a day.

The chief disadvantages of the small plane evacuation are operational interference resulting from bad weather, the limited capacity of the plane, the necessity of providing an extensive network of small operational strips, the rather large number of ground personnel required to operate the strips, and the availability of the planes only during daylight hours in combat areas.

The average number of evacuations from Luzon by air over a period of 90 days was 269 per 24 hours. The average number of evacuations intra-island by the Third Command Group (by L5) was 213 per

24 hours, by C64, 3 per 24 hours, making a total of 216 per 24 hours or a grand total of 12,704 patients by the Third Command Group.

(2) Well established systems of air evacuation by large transport planes have been in daily operation for quite some time in every theater. The undersigned traveled with patients in planes of the troop carrier command and the air transport command (C-47 and C-54). With both commands the patients are given the best of attention with nurses and enlisted technicians accompanying the patients in the planes. In the Mindanao campaign, C-47s of the troop carrier command were landing on an enlarged, unsurfaced artillery cub plane strip which was parallel to the front lines. The planes were protected from enemy ground observation and small arms fire by banks bordering and parallel to the strip. This was essential since the front line troops were but a little over one thousand yards from the strip. The first C-47 landed on this strip the afternoon before the arrival of the undersigned. The friendly artillery units with a battery of guns located along one of the banks and firing across the strip had to be radioed to cease firing so that the plane could land safely. The system of loading patients was so perfected at this spot that the planes were not required to stand on the strip with engines off more than 5 to 10 minutes depending upon the percentage of litter patients to be loaded. A holding hospital, one platoon of a separate clearing station reinforced with a surgical team from a general hospital still in New Guinea, was located about 100 yards from the strip. This hospital was functioning as the field hospital with surgical teams did in the European Campaign. The clearing station for the Division was about 400 yards behind the holding hospital. Before the C-47s were permitted to land on this strip, the patients were transported by L-5s from it to another strip more safely located where C-47s could land. Patients were transported from Mindanao to Leyte by C-47s. None of the patients observed were adversely affected, instead, they were rather thrilled with this means of transportation. Some were flying for the first time.

Roughly, 90% of the patients on Leyte arrived there by airplane. The air transport command personnel is most concerned with the transportation of casualties. They have placed their dispensaries and medical personnel near the air strips where their planes land to assure proper coordination with hospital evacuation personnel. This air transport command personnel is constantly studying every phase of air evacuation in an effort to assure the patient the best of medical care while in flight and to make sure that his transportation is as comfortable and safe as possible. Holding hospitals are being established under the supervision of the ATC surgeon at the points where patients must be moved from one flight to another. The elapsed time might be very short or it might be as long as 24-36 hours but the patient will be assured a comfortable rest with the finest of professional supervision.

d. Hospital Ship.

Four hospital ships and a troopship with hospital ship complement were seen. One hospital ship had arrived in the Marianas Islands from Okinawa. It was loaded to capacity with seriously wounded patients many of whom were burn cases. One of the loaded hospital ships seen in New Guinea had less than 10% litter cases aboard. Many of the 90% of ambulatory patients were NP problems and skin cases. Others were patients with disfiguring injuries and amputations. The troopship visited with a bed capacity of 140 was fairly well equipped and, excepting for the heat in the large wards, was quite satisfactory for transporting casualties, though it is far less satisfactory than the hospital ships. The other hospital ships were being loaded with medical personnel and equipment to be taken to the Philippines.

2. Training program.

It is believed that the training program as now designed is sound. With necessary variations to place emphasis upon certain features peculiar to the Pacific theaters the Medical Department units will be furnished satisfactorily informed and trained personnel and units. Neither of the two theaters had been furnished much of the training information already available in the Zone of Interior. Some training materials which have been available for a year or longer, badly needed in the theater for training of non-medical personnel transferred into medical units, have not been sent to the theaters. Many of the recommendations made by the units for training aids have already been met but such aids are only available in the Zone of Interior. Certain training films, film strips, manuals and graphic training aids have not reached the personnel for whom they were primarily intended. In view of the fact that professional personnel in the hospital units is now overworked, sufficient time is not available to devote to the preparation of lectures and graphic training aids necessary in the training of this new personnel. The type material needed is that which with very little added effort will convey the necessary information; i.e., training films, and well illustrated handbooks.

A checkup with the film equipage and exchange of one of the bases revealed the fact that no effort is made to obtain these films but when they arrive an effort is made to advise the medical units of their availability. The commanding officer of this unit was surprised to know the number of recent medical films of which he had never heard. The U. S. Army Medical Bulletins, which announce these medical films, have not reached the medical officers so they could not request them. The Adjutant General of one of the theaters was consulted. He realized that this situation had existed but believes that with the recent approval for construction of space to install reproductive machinery for publications, the distribution of all publications to interested agencies will be expedited. All initial publications will go directly to the bases where initial, automatic

distribution will occur. Distribution of Medical Department publications (forms) will be through medical depots. Manuals will be distributed to units after coordination with the Chief Surgeon.

A list of all available films, film strips, graphic training aids (posters, charts, and portfolios), and manuals was left with the Theater Surgeons' Offices and with many of the base surgeons.

a. Personnel.

As is shown by TABS B, C, D, and F, the enlisted men trained basically and in enlisted technician schools in the States have been satisfactory. Those units that recognized and realized that the enlisted technician could not be a "complete product", but instead, an individual informed in certain important medical technics and in need for further training had the better technicians for they made an effort to give them this additional training. The outstanding examples of units most satisfied with the technicians were affiliated units. These units are staffed with professional men who are teachers. On the other hand, units expressing dissatisfaction with enlisted technicians from the Enlisted Technician Schools stating that they were not capable of doing some of the various professional procedures to the liking of its professional personnel have not only been disappointed but have been unfair to the enlisted man. Commanding officers have criticised the training of enlisted technicians without checking the W.D. Form 20s. It was shown specifically that enlisted technicians trained in laboratory work have been criticised because they were not good in the operating room. In one instance a unit complained of its laboratory technicians but when checking the W.D. Form 20s a trained laboratory technician was "uncovered" serving as a utility man. Many such examples could be cited. Nearly all units that have seen action have realized that they must continually train personnel and some are learning that it is essential to train men to do more than one particular job. On the other hand those units that have been in the theater the longest now have a most difficult problem of keeping trained enlisted personnel because of losses due to rotation as well as to illnesses and transfers. Some units have been overseas so long that not even a nucleus of original personnel is still with it. It is to be pointed out again that a large percentage of replacements are not medically trained men. Many are cast-offs from casualty camps and are reclassified men from the line and other services and the causes for reclassification are by no means limited to physical disabilities. A small number of non-medically trained men can be used in hospital installations but when they are sent to take the place of laboratory technicians, X-ray technicians, operating room technicians, and the like, the situation becomes critical. Some medical technicians who had just been transferred into the hospital from combat units were interviewed. These men had been taken from Medical Department Enlisted Technician Schools in the Zone of Interior on War Department order and assigned to the infantry and had since been injured or had become ill and later transferred to the hospitals. They, of course, had not been able to actually apply their technical knowledge during the time they were serving in the infantry so had to be "re-trained".

The front line medical units have trained their technicians to perform many duties that are performed by nurses and other professional personnel in installations farther to the rear. The outstanding example of such duties are giving anaesthesia and serving as assistants to surgeons in the operating room. They have, also, made sure that all medical soldiers in the division know first aid and can give morphine. Some units have trained every medical soldier to give intravenouses - plasma.

b. Units.

About the only hospital units that have not been altered much or not used as designed or trained, are the 400 bed evacuation, the 500 bed station, and the 1000 bed general hospitals. Smaller station hospitals have been used as evacuation, neuropsychiatric and field hospitals. They frequently have had three times the number of patients the unit is staffed to care for. The large evacuation hospital has been used like the 1000 bed general hospital. The field hospital has been used as neuro-psychiatric, venereal disease, and 400 bed evacuation hospitals.

A field hospital, trained and equipped to do station hospital type work, either as an entire unit or as hospitalization units, cannot efficiently perform the mission of an evacuation hospital without the addition of 50-56 vehicles, more surgeons, and much more surgical equipment. Whether or not shipping shortages or other factors are responsible for such alterations it is evident that 400 bed evacuation hospitals are needed and desired. With it all, it is rather difficult to train field hospitals to be efficient evacuation hospitals.

3. Deficiencies.

In addition to actual training deficiencies, various factors which have adversely affected the training of Medical Department personnel and units are included under this heading.

a. All medical personnel assigned to the Pacific theaters should have been trained in the use of weapons. It is not practical for medical personnel to wear the arm band, to identify medical installations, or to assume that the Japanese will spare the medical units. Strong perimeters to protect the medical installations are a requirement. One general hospital had to hold off Japanese attackers for four days until assistance by line units arrived. Wounded front line medical soldiers frequent the hospitals. Company aid men, litter bearers and ambulance drivers have been shot by Japanese snipers while attending the wounded. Wounded soldiers on litters have been either further injured, or killed by snipers who were attacking the evacuation group.

b. Professional personnel in hospital units have been sent to the Pacific without proper instruction in the medical problems they will face. Many of the diseases in the theaters either do not exist in the

United States or do so in such limited numbers that the doctors are not familiar with them. Many doctors who had never seen malaria were the first to face it in the theater.

g. The troops were not furnished sufficient timely information on the control of the diseases met in the Pacific Theaters. To control such diseases, specific, simple, workable instructions must be furnished the nonprofessional officer personnel and troops as well as the professional personnel. The War Department Circular is a most important means of disseminating this material to unit commanders of all branches and arms. The moving pictures, graphic training aids (posters and charts), pamphlets and handbooks are the media through which the information most effectively reaches the troops.

d. Training aids have not reached the units in the theaters. Training aids produced primarily for the theaters were not to be found there. Training aids were requested on some subjects that have been covered already, and on subjects that have not been adequately covered because of War Department disapproval of requests made by the Surgeon General's Office. Some of the requests were turned down by War Department agencies with the indication that the control of the particular medical problem or disease was a COMMAND FUNCTION. From a training viewpoint, the fallacy of the belief that COMMAND FUNCTION alone will solve the problem, is the failure to realize that the "civilians" who make up this army must be shown and told WHY as well as how the particular thing should be done. These civilian boys (now in the Army) bought this new gadget or that new gadget because the advertisers sold them on why it was the one to buy. COMMAND FUNCTION alone will not accomplish the job because the unit commander - a civilian - has not been shown why and how COMMAND FUNCTION alone will do the job. The troops must be led!! Medical training aids on the diseases and medical problems to be faced in future operations are badly needed and will pay dividends.

g. There are too many different types of units performing missions that should be performed by other units. We seem to be weighted down by T/Os & Es. The planners have too many types of units to juggle. From what has been seen, it seems that adequate numbers of the following two hospitals, in addition to the division medical service, would furnish a most efficient evacuation system -- 400 bed evacuation and 1000 bed general hospitals. These two hospitals have been used with a minimum of alteration. There seems to be little need for any but the 500 bed station hospital. For all the "holding" hospital requirements the separate clearing station, with the same T/O & E of the clearing station of the medical battalion, infantry division, would serve better than an altered unit of another T/O & E. With the limited number of types of units, plus the professional teams of the T/O & E 8-500 series, not only would it be possible to train units more efficiently for specific missions, but the "possibilities" of each unit could be better understood and exploited. Juggling, altering,

and improvising units results in wasting personnel (in quality and in numbers) and will inevitably result in lowering efficiency.

f. Enlisted technicians. All medical and surgical technicians should have been trained alike. Operating room technicians should have been given advanced training to include "team" training (surgeon and assistants) and more applicatory (on-the-job) training in the operating room.

g. Parallel (on-the-job) training. (1) Many of the enlisted technicians assigned to units in the Pacific Theaters received their technical training in the United States in 1942 when the plan for parallel training was first put into effect. The attitude of hospital commanders of named general hospitals - men trained over long years in the Army - to the program was not favorable. This was exemplified by (a) their remarks that the "trainees" were "in the way" and, (b) by detailing these newly schooled technicians to such jobs as washing windows and scrubbing floors. The results of this type "training" was seriously felt by hospital units in the theater where it is most important that the technicians know their jobs.

(2) Some sort of a plan should have been worked out to set up the hospital units near station or named general hospitals and actually let the units take care of every 3rd or 4th patient admitted to the hospital. The "mock" training will never produce the feeling of responsibility or accomplishment. Those units that functioned as hospitals on maneuvers became adjusted to the combat requirements more easily.

h. Unit training. (1) Amphibious training should have been an essential part of the program of all medical units going to the Pacific. This training should have included swimming, combat (functional) packing and loading of equipment, and ship embarkation and debarkation.

(2) Misled in the belief that the Engineers would lay out the hospital and construct the mess halls, surgeries, and certain clinics, full advantage was not taken of field and unit training. The units should have been made more self-sufficient by making mandatory the training of men for more than one job; and the training of a large percent of all basic enlisted personnel in utility work. In the great majority of cases, the hospitals have had to set up their entire installations because the Engineers were given other jobs with designated higher priority. Personnel in malaria control units should have been taught to operate and maintain heavy equipment. Reliance was placed upon the service furnishing the equipment to also furnish the operators.

i. Hospital commanders. Although the necessary essentials in the operation and administration of a medical unit are given at the Medical Field Service School, there should have been a school, or course, established for hospital commanders. The candidates for such a course should have been carefully selected. The hospital commander should be a

leader - not just a "bookkeeper". This course should have thoroughly covered (1) the possibilities, as well as limitations of the T/O & E, (2) the value of liaison with other services, the line, the Navy and the Air Corps, (3) appraisal of unit personnel qualifications, (4) the value of the WD AGO Form 20, (5) unit discipline and morale, and (6) the common pitfalls of unit commanders and how to overcome them.

i. Enough effort has not been made to return battle experienced personnel to the States to serve as instructors in the training centers and schools. The failure to send key trainer personnel to the theaters at frequent intervals to study the training situation has been a serious mistake.

4. Actions to correct training deficiencies.

a. What the theaters have done.

(1) Units on reaching the Hawaiian Islands were quickly evaluated by a training group from the Central Pacific Base Command. Deficiencies in equipment were quickly corrected so far as was possible. Obvious training deficiencies were given early attention. If the deficiency was in personnel, technicians trained in the hospitals on the islands were made available for assignment to the units or the untrained individuals were sent to the enlisted technician courses at the station and named general hospitals. The courses taught at these hospitals were medical and nursing care, pharmacy, X-ray, orthopedic shop work, neuro-psychiatric nursing, anaesthesia, and surgical techniques (operating room). These courses were made available to the enlisted personnel of other echelons in the Central Pacific Area including division, corps, and army troops staging in the local area.

Units not engaged in professional work were sent to the Unit Jungle Training Center and Amphibious Training Center for 1 week. This course included combat training with the use of live ammunition and instruction in the identification of Japanese weapons. Some instruction was given in improvisations for the transportation of casualties as well as those improvisations important to living in the jungles. Emphasis was placed on physical training, swimming, and ship embarkation and debarkation.

Medical officers who had no previous field training were sent to an officers field training school for a week's intensive training. Officers, including nurses, before departing for the forward areas, were given training in basic field subjects including field sanitation, swimming, amphibious training and familiarization with the pistol and carbine.

A school to instruct and train potential MAC candidates was conducted. This school was used to determine which candidates were suitable for local appointment in the Medical Administrative Corps, A.U.S.

The course of study was based on the MAC-OCS course in the Zone of Interior but included, in addition, jungle, amphibious and weapons training.

(2) Officer Candidate School. To meet the needs of units in the Southwest Pacific Area for officers in the different services and in the line, an officers candidate school was activated near Brisbane, Australia. Commissions were given in Infantry, Field Artillery, Cavalry, Corps of Engineers, Coast Artillery Corps (AA), Quartermaster Corps, Signal Corps, Ordnance, Medical Administrative Corps, Air Corps, Army Administration (BI), and Transportation Corps. The courses were divided into two parts, the BRANCH IMMATERIAL course and the SPECIALIZED course.

(a) The BRANCH IMMATERIAL part of the course included 259 instructional hours (11 at night) and was completed during the first 31 class days. The following subjects are included in this 259 hours.

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|---------------------------------------|---------------------------------------|
| 1. Administration | 14. Mathematics |
| 2. Air, rail & water transportation | 15. Mess management |
| 3. Bomb reconnaissance | 16. Message writing |
| 4. Carbine | 17. Methods of instruction |
| 5. Combat Intelligence | 18. Military courtesy and customs |
| 6. Demolitions | 19. Military law |
| 7. Defense against chemicals | 20. Organization of the Army |
| 8. Disciplinary drill | 21. Physical drill |
| 9. Field fortification and camouflage | 22. Pitching and striking tentage |
| 10. First aid, sanitation and hygiene | 23. Recognition of aircraft |
| 11. Interior guard duty | 24. Rifle M-1 |
| 12. Landing operations | 25. Safeguarding military information |
| 13. Map reading | 26. Scouting and patrolling |
| | 27. Thompson sub-machine gun |
| | 28. Unit supply |

(b) The MEDICAL ADMINISTRATIVE branch specialized course included 544 hours of day instruction over a period of about 11 weeks. The following subjects were covered to acquaint the candidate with the general field of medical administrative activities.

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|---|--|
| 1. Activation, Inactivation, Org & Funct of Hosp. | 8. Censorship. |
| 2. Air History SWPA. | 9. Decorations & Awards. |
| 3. Ambulance, Litter drill & improvised litters. | 10. Dewey Decimal File. |
| 4. Army Exchange Service. | 11. Disposition of Records. |
| 5. Authorized Abbreviations. | 12. Efficiency Reports. |
| 6. Board of Officers. | 13. Emergency Bandaging and Field Dressings. |
| 7. Calibre .45 Pistol | 14. Exam and Review. |
| | 15. Field Problem. |

16. Fractures, dislocations & sprains & Emergency Splints.
17. Furlough, Passes & Delays.
18. Hospital Administration.
19. Hospitalization & Evacuation.
20. Leadership & Spec. Courtesy Course.
21. Logistics for Medical Units.
22. Map Reading.
23. March & Bivouac.
24. Materia Medica & Pharmacy.
25. Medical & General Supply including field trip.
26. Medical & Unit Equip.
27. Med Aspects of Chemical Warfare.
28. Message Center.
29. Military Correspondence.
30. Military Law.
31. Morning Report, Sick Report, Duty Roster.
32. Motors Course, including 1 hour Exam.
33. Movement of patients without litters.
34. Orders: General & Special.
35. Org of the Med Dept.
36. Payrolls & Vouchers.
37. Personal Affairs of Mil Personnel Allotments & Insurance Soldiers & Sailors Relief Act.
38. Personal Maladjustments.
39. Prevention & Control of Tropical Disease.
40. Public Relations.
41. Radiograms & Telegrams.
42. Records of Morbidity and Mortality.
43. Red Cross & Special Service.
44. Reg Med Det with Infantry.
45. Rifle ML.
46. Sanitary Reports.
47. Seriously Ill Patients & Deaths.
48. Service Record.
49. Statement of Charges & Report of Survey.
50. Substance Planning QMC.
51. Talk by Commandant.
52. The Hospital Mess & Unit Funds.
53. Tips to MAC Officers.
54. Transfers, Discharges, AWOL & Disposition of Insane.
55. Trip to Base #3 and APO.
56. Trip to Station Hospital.
57. Uniform.
58. Unit & Detachment Supply.
59. Unit Histories.
60. Unit Personal Section, including Trip to MRU.
61. VD Reports.
62. Water Purification.
63. WD and Military Publications.

(c) Headquarters, USAFFE, sets the quotas for each class at the school which can take from 600 - 1000 students. The candidates are qualified according to AR 625-5. Those candidates that arrive at the school without meeting such qualifications must be returned to the units sending them. Candidates who are relieved without graduating are sent to the replacement depot and are returned to their old units. This causes the unit to be more careful in selecting candidates and stops enlisted men trying to be candidates just for assignment transfers. Candidates who have had basic training as enlisted men do better in the school.

(d) Originally, all instructors including the enlisted cadre were from service schools. Gradually all but key personnel are being replaced by graduates of the various courses who have had former combat experience.

(e) The total candidates to date of visit by undersigned was 5,170 with 181 candidates enrolled in the medical administrative school. Of this number 3,267 have graduated with 114 MAC graduates. Several of these MAC graduates were seen in other areas and were well qualified and doing splendid jobs as officers. In the present MAC class of 54 enrollment; 43 were Medical Department soldiers, 11 have had enlisted technician school training in the United States, and 12 others had MOS classification of medical technicians. Nineteen of the candidates have been overseas less than 1 year, 25 over 1 year, 3 over 2 years, and 2 over 3 years.

(3) The First Training Center, USAFFE, was organized early in 1944 at Oro Bay. In August 1943 a "provisional" center, sometimes referred to as the "Fox Farm", had about 3000 admissions practically all of whom had malaria. The 5th Station Hospital, known as "Convalescent Center 5212," was under the SIXTH Army, later USASOS, and is now under the Replacement Command, HQ USAFFE as is the First Training Center.

This center has an overhead of 139 enlisted cadre and 53 officers (12 on DS) which includes all the training officers and 4 officers on temporary duty.

The procedure at this training center was divided into 2 parts. One was the "reconditioning program", designed to recondition officers and enlisted men who had chronic or recurrent malaria for return to their combat outfits. This program was graded from supervised rest and physical training to the most strenuous of training activities. The maximum time for this program was 9 weeks. The second was the re-training program in which an effort was made not only to physically recondition the enlisted man (trainee) but also, to retrain him for a new job or specialty. The maximum time for this program was 13 weeks. Medical officers were present during both these programs when physical training was conducted.

Ninety-eight percent of the trainees were from hospitals, others were directly from units. Some were sent to the center because of injuries rendering them unsuitable to continue in the duties for which they were originally trained. Some were maladjustments in present duty assignments and were sent for training in a new specialty. Roughly 50% of the trainees should have been sent there, the other 50% were just no good to the Army under any circumstances but since it was next to impossible to discharge these men under the provisions of AR 615-369, 20 July 44 or AR 615-365, 15 December 44, they were returned to redistribution centers and thrown into the "whirlpool" again. A high percentage of the first 50% are reclassified and reassigned to new tasks. About 95% - 98% of those in the reconditioning program are returned to useful duty.

(4) Base headquarters throughout the theaters have, from time to time, issued master schedules for training programs including subjects to be stressed as a result of experience or because of anticipated

actions. These programs included a varied list of subjects usually with a minimum of medical subjects. The base surgeons' offices have distributed mimeographed copies of studies on certain tropical diseases. At some of the bases, regularly planned professional conferences are held to discuss medical problems.

(5) Personnel in staging units are placed on temporary duty or detached service to other units in an effort to assist the units that are operating as well as to train the staging personnel in new subjects or to give them parallel training in their particular specialties. Laboratory technicians are sent from smaller hospital units to larger hospitals or to medical general laboratories to learn more about the laboratory diagnosis of tropical diseases.

(6) Base headquarters and theater headquarters have been producing training aids that should be furnished from the Zone of Interior. These training aids consist of moving picture films, film strips, slides, pamphlets, charts, and posters. The Theater Surgeons' Offices have requested that a system of automatic distribution be established so that an adequate number of the Medical Department training aids, produced in the Zone of Interior, will be made available to the theaters.

b. What units have done.

In the need for certain apparently unobtainable equipment, necessary for the operation of units, such items as the following have been improvised by the hospital personnel: washing machines, power driven circular saws, water pumps, frying grills, steam cookers, dishwashing machines, ice machines, special types of orthopedic tables, intravenous anaesthesia devices, physical therapy equipment, dental chairs, and ventilating equipment for X-ray darkrooms.

In the need for training enlisted replacements for key specialties when the unit is functioning, base surgeons have assisted by sending trained personnel into the unit on temporary duty during which time the unit personnel is actually "understudying" the temporary duty personnel. When the unit is staging, its personnel is placed on temporary duty for parallel training with other units that are functioning.

c. Action that has been taken in the Zone of Interior.

(1) Training Aids. When it was seen that the training aids, available in the United States, were not in the theater, a request was sent by one of the undersigned to Washington for corrective action. Certain of these training aids have already reached the theaters and others are being shipped. A plan has been established to give individual attention to each training aid with the viewpoint of making it available to the theaters and checking to determine its availability in due time in the

theater. The need for training aids in the theaters has also been brought to the attention of higher headquarters. Approval for production of certain of these training aids has already been received and work on them is progressing.

(2) Training programs. The weaknesses in the training programs with instructions for corrective action have been brought to the attention of the various schools and training centers.

(3) A program of frequent inspection of the parallel training program for enlisted technicians has rendered this training much more valuable.

(4) MTPs have been revised to include necessary instruction in subjects, heretofore not adequately covered.

(5) Courses in tropical medicine are being designed for Army Medical Center and Medical Field Service School for medical officers of Army Ground Forces as well as Army Service Forces and Army Air Forces.

(6) Basic material from which this report was prepared has been turned over to the Medical Field Service School for study with the viewpoint of revising certain of the courses taught at the school. In addition, certain information on tactics which was obtained from the units committed in the Philippines has been turned over to the School. This material will serve to stimulate interest in the classes on tactics since it is up-to-date tactical information on a situation still in progress. This information has, also, been made available to those individuals responsible for the redeployment training of medical units.

OTHER ACTIVITIES

1. Moving picture coverage of professional subjects.

This type coverage, to be secured in the theaters by the Museum and Medical Arts Detachments (T/O & E 8-500), has not been adequate. This coverage, taken on 16 mm kodachrome or black and white film, will be returned to the Army Medical Museum for study by the Surgeon General's consultant services. Such coverage considered to be valuable for instructional purposes, will be placed in the existing War Department channels for production and distribution as an official film. Conferences were held with the Theater Surgeons, their representatives, and commanding officers of the Museum and Medical Arts Detachments to discuss the results of a study made by the Training Division, SGO, the Army Pictorial Service, and the Military Training Division, ASF. The study was made to determine the reasons for the failure to secure the desired coverage and to furnish the units necessary recommendations for corrective action. (See TAB H).

In the past few weeks, plans have been made to further assist in the production and use of this type film. Control Division, ASF, is now taking final action on these plans.

It was learned that the Signal Corps was not filling the requests made by the Museum and Medical Arts Detachments for film stock in the theaters. This matter has been brought to the attention of higher headquarters. A plan furnished by the Preventive Medicine Service, SGO, for coverage of schistosomiasis was delivered to the theater consultant on preventive medicine (SWPA). Certain footage on this subject has already reached Washington and more is on its way.

2. Signal Corps Coverage of Medical Activities.

The need for moving picture coverage of medical activities in the Pacific theaters was again brought to the attention of Signal Corps authorities. The request submitted by the Surgeon General to Army Pictorial Service through the Director, Military Training several months ago, has been received by theater Signal Corps authorities but has not been filled. In its place, Signal Corps personnel prepared a scenario for a film to be produced in the theater. This scenario was reviewed and it contained relatively few combat scenes. The recommendation made was that the subjects desired covered be brought to the attention of the Signal Corps with sufficient details so that they can be completely and accurately recorded on film. A medical officer should be detailed to work with the Signal Corps as adviser to assure proper coverage. This film should then be sent to the Signal Corps Photographic Center with proper captions so that official War Department films can be made from it. Medical Department activities in the Pacific are vastly different from those in Europe. Basically, the casualty is taken to a hospital -- that is comparable to the situation in Europe. The rest is different. The enemy, the terrain, the diseases, the health problems and tactics have all had their effect upon the medical service in the Pacific. Small plane (L-5B) air evacuation on a large scale is new; yet, no Signal Corps film coverage has been seen. Intra-island small boat evacuation and peculiarities of overland medical evacuation have either not been covered or the coverage has been very inadequate. Such film as this is needed for training and orientation of troops to be redeployed so they can reach the areas more suited to do their jobs.

3. Medical Training of the Philippine Army. (See TAB I)

In response to the request of the deputy surgeon, USAFFE, recommendations were submitted for the training of a Medical Department for the Philippine Army. These recommendations were based on a careful study of the present plans, facilities and requirements for such training.

4. Survey of Opinions.

Tabs B and D have been compiled from the various opinions of headquarters, units and offices visited. Some of these opinions are concurred in; some are not. All should be considered because they serve to give a better understanding of their problems. These opinions were voluntarily given, in sincerity, and with the belief that they could be of benefit to units to be sent to the Pacific Theaters (Southwest Pacific Area and Pacific Ocean Area), a feature which makes them much more valuable. The arrangement of the opinions on the charts permits easy evaluation and review of only that part which appears most relevant to the subject in mind. For example, if interested only in the professional training of medical officers, one block of comments will include this information. Since the comments made by combat units could not always be dovetailed with those of communication zone units separate charts have been made.

Tab C is a listing of opinions, comments and recommendations made by officers in hospital units. This list includes many more comments than does Tab B which is based on it.

RECOMMENDATIONS

1. It is most important that all medical personnel be trained adequately in the use and care of weapons -- particularly, the carbine, pistol and grenade.
2. Personnel in all medical units must be trained in the principles of establishing and maintaining unit perimeter defense. Applicatory training is most necessary.
3. Training of all troops in first aid must be emphasized. Actual application with the individual practicing first aid measures on himself -- "self aid" -- is essential to assure that satisfactory results have been attained.
4. Instruction to all troops on medical problems and on prevention of diseases to be faced in the Pacific Theaters should be mandatory.
5. All medical officers should be furnished information on prevention, diagnosis, care and treatment of tropical diseases and those to be encountered in Japanese Islands and on the Asiatic mainland. Information on heat rash and skin diseases should not be overlooked. The TB Med is an excellent medium for disseminating such information.
6. Stress instruction in personal hygiene: prevention of "athletes foot" and skin rashes, dangers of eating food prepared by natives, and prevention of venereal diseases. The instruction will have to be based on the conditions present in Japan and China. The troops will be leaving tropical and subtropical climates and such conditions will be encountered as trench foot and frostbite.

7. Stress instruction in field sanitation: water purification, disposal of wastes, construction and maintenance of latrines in various types of terrain, fly and mosquito control, etc. Sanitary conditions in China and Japan fall below those in the United States. Living in the cities of these countries will be dangerous from the health viewpoint.

8. It is strongly recommended that all hospital units be made self-sustaining. "Service teams", with equipment, should be made an integral part of the hospital T/O & E. The "service team" idea has failed!

9. More enlisted personnel of the hospital units will have to be trained in utilities: carpentering, plumbing, operation and maintenance of electrical generators, steam generators, water plants, ice machines and electrical kitchen devices. The basic medical soldier should be sent to the various schools which teach these subjects.

10. All medical department enlisted men must be trained in 1st and 2nd echelon maintenance of the equipment they use: surgical technicians, the surgical instruments; the X-ray technicians, the X-ray equipment, etc. Equipment is precious. Teach appreciation of equipment no matter how simple the equipment might be.

11. It is recommended that there be more parallel (on-the-job) training of enlisted technicians with emphasis on the following:

a. Technic of preparation and administration of intravenous fluids -- blood plasma and whole blood.

b. Aseptic and sterile technic.

c. Operating room technic.

d. Nursing care of neuropsychiatric patients.

e. Training as physical therapy assistants.

f. Training of laboratory technicians in study and diagnosis of blood smears and stool specimens -- the identification of parasites.

12. Recommend that the chiefs of medical services of hospital units, medical inspectors and division surgeons of units to be redeployed be required to attend a course in Tropical Diseases at the Army Medical Center, the Medical Field Service School or equivalent somewhere else.

13. A required course should be given for hospital commanders. This course should include instruction in the following subjects:

a. Hospital administration and clerical requirements.

b. Hospital construction and establishment.

c. Supply.

d. Classification and assignment of personnel (Use and value of WD AGO Form 20 and 66-1).

e. General housekeeping -- drainage, conservation of personnel (consolidation of messes and wards, etc.).

f. Hospital utilities with associated problems.

g. Value of discipline -- and continuous training of all personnel.

h. Troop leadership.

i. Training men to do more than one job. Rotation of enlisted men in jobs when and where practical.

14. Anaesthetists should either be furnished the units in adequate numbers or more nurses and enlisted technicians must be trained to give anaesthesia. This training can and should be accomplished prior to shipment overseas. Heretofore, this has not been done so the enlisted men have been trained in Hawaii or on-the-job while the units are functioning under difficult situations.

15. Units need more field training with the unit equipment. Units must learn and practice functional (combat) packing and loading of equipment. Set up entire installation, tear down and pack, and set up again while in training.

16. It is recommended that the quonset huts be adopted for all hospital units except the 400 bed evacuation hospitals. Army units using the quonset hut prefer it to any of the prefabricated designs. To standardize a housing of this type would certainly permit efficiency in training and operation since the unit would have some idea how it is to live and what to expect in protection from the weather for patients. The larger hospital units aren't set up to operate just for a week or a month. They usually stay in operation months -- on occasions, years! We have given them a boy with which to do a man's job. With the Navy and the Army using the quonset hut mass production, standard plans for shipping, standard technic for construction could all become a reality.

17. Recommend that the use of female nurses be limited to larger hospital units and to civilized areas only. Replace nurses with advanced trained technicians in combat units.

18. Assign young medical officers to front line units.

19. Reorganizing Portable Surgical Hospitals (T/O & E 8-572) into Surgical Teams (T/O & E 8-500) is recommended. Portable Surgical Hospitals now want more administrative help, more vehicles and more equipment. They have outlived their usefulness, as such.

20. Recommend reorganizing Field Hospitals (T/O & E 8-510) into 400 bed evacuation hospitals (T/O & E 8-581). Field hospitals are not professionally staffed nor equipped with sufficient transportation to do the job desired of them. The 500 bed station hospital (T/O & E 8-560) is better for the station hospital type care needed -- the 400 bed evacuation hospital for the evacuation hospital type work. For the use of hospitalization unit(s), reinforced with surgical teams (as used in ETO), recommend that the surgical teams be used with the clearing stations of the committed division or with a platoon of a separate clearing station.

21. Delete all but the 500 bed Station Hospital. The smaller station hospitals aren't staffed or equipped to function as anything else. The smaller station hospitals don't usually have the high type professional personnel as the larger hospitals. The smaller unit is either required to take two to three times the number of patients it is staffed for, or it is staging. It is believed that the personnel would be better used in a 500 bed station hospital or in a general hospital.

22. Recommend limiting the General Hospitals to 1000 bed -- no general hospitals, as such, larger than 1000 beds. Restrict all hospitals in hospital centers to units no larger than 1000 bed units.

23. Recommend the following revision in the Division Medical Service.

a. Reorganize the collecting station -- (1) Litter section to regimental aid station. (2) Station section; part to clearing station and part to ambulance section. (3) Ambulance section to receive some administrative help from the station section and be used as an ambulance platoon.

b. Reorganize the clearing station into 3 equal platoons (this has been or is being done).

24. Strongly recommend that small plane air evacuation be exploited. Recommend that 96 L5Bs be given to each Army. This evacuation system should be controlled by the Medical Group with separate battalions and separate companies.

25. Recommend using Surgical Teams (T/O & E 8-500) with functioning division clearing stations, and with separate, clearing stations serving as "holding surgical hospitals".

26. Supply Depot Company personnel should be given parallel (on-the-job) training in distribution depots before commitment.

27. Recommend giving the enlisted men in Medical Sanitary Companies more training in utilities -- this should be applicatory training. Further recommend assigning the sanitary companies to larger hospitals to assist in the installation, construction and maintenance of hospital utilities and sanitary devices.

28. Recommend that the Optical Repair Teams be made an integral part of the T/O & E of the Medical Depot Companies.

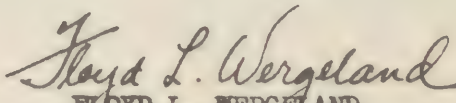
29. It is strongly recommended that all enlisted replacements for medical units be medically trained.

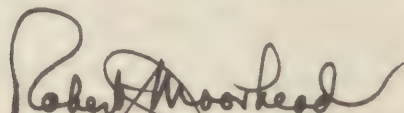
30. Distribution system of publications (AGO) and training aids (Signal Corps) must be improved. The production of these publications and training aids is expensive and time consuming. If they do not reach those for whom they are intended, duplication of effort will occur by the theater personnel attempting to produce the needed material.

31. All unit personnel should be with the unit during parallel training. All unit personnel can be identified with name plates to facilitate identification and checking progress of training.

32. For efficiency and morale of medical officers, it is recommended that courses be established for refresher professional training of (a) those Medical Corps officers who have only had administrative duties. (b) Regular Army officers to qualify them for professional assignments post-war.

33. It is recommended that consideration be given to evaluating and utilizing the information contained in Tabs B, C and D to the fullest extent.


FLOYD L. WERGELAND,
Colonel, Medical Corps,
Director, Training Division.


ROBERT J. MOORHEAD,
Lieut. Colonel, Medical Corps,
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NOTE:

This section is SECRET and will
be furnished upon request only
if there is a need for the
information contained in these
pages.



SURVEY OF OPINIONS : HEADQUARTERS, UNITS AND HOSPITALS IN COMMUNICATIONS ZONE

PROFESSIONAL SERVICES				ADMINISTRATION			
TRAINING				UTILIZATION			
GENERAL				TRAINING			
SUPPLIES				MESS EQUIPMENT			
OFFICE				MEDICAL			
MESS EQUIPMENT				GENERAL			
BUILDINGS				UTILITIES			
PLANT				GENERAL			
UNIT				GENERAL			
M.C.s				M.A.C.s			
NURSES				ENLISTED			
M.C.s				M.A.C.s			
NURSES				ENLISTED			
ENLISTED				ENLISTED			
BUILDINGS				UTILITIES			
PLANT				GENERAL			
UNIT				GENERAL			



GENERAL

Comments

Units

*BS	GH	SH	FH	EH	PSH
2	12	10	1	1	
	4	6	4	1	
2	4	3		1	
2	3	5			
1	11	16			
	4	2			
	3	2		1	
	6				2
	2				
	4	2			
	6	7			
	3	3	5		
1	2	2			
	5	6	2	2	

* Base Surgeon

GENERAL (cont'd)

CommentsUnits

	BS	GH	SH	FH	EH	PSH
a. Text on neurosurgery.		1	1		1	
b. Good text on dermatology.		4	2			
c. Tropical disease journals.		3	2	1		
15. Improve situation regarding publications of professional articles submitted by hospital units.		3	2			
16. Hospitals should be attached to higher headquarters not divisions.					2	
17. NP and skin diseases greatest cause for loss of personnel from units.		1	2	1	2	
18. Where possible, all amputees should be in the same ward(s). Same applies to disfiguring injuries.		1	2			
19. Must introduce the men to the field gradually. This will tend to eliminate the NP problem.	1					
20. Fixed bed hospitals should be in permanent structures with temporary expansion in tents.		1	2			
21. Hospitals should have an orthopedic shop.		5	2			
22. Eliminate all station hospitals under 500 beds.	2		3			
23. All hospitals 500 beds and larger should have a hobby-lobby shop for ambulatory patients and enlisted detachment.		1	2			
24. Portable surgical hospitals, as such, have outlived their usefulness.	2					4
25. Reorganize field hospitals to evacuation hospitals.	2		2	2		
Reorganize as 1000 general hospital.	1			2		

GENERAL (cont'd)

	<u>Units</u>					
	<u>BS</u>	<u>GH</u>	<u>SH</u>	<u>FH</u>	<u>EH</u>	<u>PSH</u>
27. Attached Sanitary Company to help maintain buildings and drainage.	2	3	1			
28. Attached PSH personnel to clearing stations or other units needing them. This would eliminate administrative problems.						4
29. Reorganize PSH as surgical teams. (5 general surgeons and 8, or more, highly trained enlisted technicians.)						4
30. Men in tropical and subtropical climates need more rest and sleep.		1	1	1		
31. Adopt Navy kitchen equipment and quonset huts.		5	7			
32. Red Cross personnel should have course of indoctrination in army administration.		1	1			
33. Field hospitals can not move under any circumstances without addition or loan of 50 to 60 trucks.				3		
34. Replacement depots are keeping the Medical Department personnel 40 to 60 days before assigning to units.		3	3			
35. Organize Medical Supply Gp. Hq.	1					
<u>PERSONNEL</u>						
1. Units should not leave the states unless specialties are filled with experienced men.	1	4	2	1	1	2
2. Assign experienced older men to rear-ward units and younger men forward.	1	2	1	1		
3. Run a medical professional replacement pool made up of MCs assigned to staging hospital units. Assign officers from pool to units needing them.	1		1		1	

PERSONNEL (Cont'd)

	<u>Units</u>					
	<u>BS</u>	<u>GH</u>	<u>SH</u>	<u>FH</u>	<u>EH</u>	<u>PSH</u>
4. Recommend a base pool of nurses and permit units to requisition their services from base surgeon. (This would permit better usage of nurses).	2	2	2			
5. Make effort to straighten out personnel classification and assignment.	1	10	4	3		
6. Furnish unit with trained special service officer.		3	2			
7. Furnish unit with trained reconditioning officer.		4	2			
8. Medical Corps Officers.						
a. Affiliated unit should include some young MCs - not all specialties.		5	3	2	1	
b. Too many MCs are doing surgery beyond their training. Recommend better supervision.				2	2	2
c. Replace cardiologists with general medical men.		2				
d. Furnish MC rather than Branch Immaterial officer for NP service.		3	2	1		
e. MC as executive officer -- not MAC.			13		1	
f. No MC over 40 in combat units.		1			2	2
g. Increase number of Medical Corps officers.		6	1	2		
h. Increase number and rating for dermatologist.		7	3			
i. In T/O for unit, should not have cut number of MCs.		2	3			
j. Increase rank of ENT Chief and Chief Anesthetist.		4				

PERSONNEL (cont'd)

Comments

Units

	ES	GH	SH	FH	EH	PSH
k. Young medical officers should be sent to numbered general hospitals for 3 months training then assigned to forward units.		5			2	1
9. Nurses.						
a. Prefer female nurses.		2	2		2	
b. Nurses should be in general and large station hospitals and field hospital when serving as a station hospital.		7	6	1	3	
c. Nurses should be sent only to civilized areas.	1	1	4	2	2	
d. Nurses should be rotated to the U.S. every 18 months.		2	2			
e. Nurses should go with forward units.		1	2	1	2	
f. Nurses should accompany unit when it moves.		3	3	1		
g. Don't send nurses over 35 years of age overseas.		2	2			
h. Chief nurses should be 35 years old with experience as chief nurse. (One who has been married would be better).		3	4			
i. Nurses should not be on ships without accommodations for women.			2	2	1	
j. Nurses should not be commissioned -- they are not officers.		2	4	2	2	
k. Nurses should not go in with hospitals supporting units establishing beachheads.	1	1	1			
l. Commanding Officer of the unit should decide on promotion of nurses. He knows their qualifications and the unit situation.		2	3	2		

PERSONNEL (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
m.	Leave female nurses at home.		5	12	5	3	
n.	Commission male nurses. To be used in forward units and in NP and GU wards for other hospitals.		7	1			
o.	Would rather use male nurses overseas than female nurses.			3	1		
p.	Don't want male nurses.			2	1	1	
q.	Prefer qualified male technicians to female nurses.		4	7	4	2	
r.	Give unit equal number trained enlisted technicians when nurses are taken away.				2	3	
s.	Enlisted men resent officer-nurse relationship.		4	10	4	3	
t.	Select nurses for assignment to hospitals by specialties (orthopedic, surgery, NP, etc.).		4	3			
u.	Decrease number of nurses in general hospitals by 10.		1				
10.	Don't want WAC technicians - would increase administrative problem.	1	1	1			
11.	Medical Administrative Corps.						
a.	Recommend permission for appointing MACs from field be increased.			1			
b.	Don't need but 8 MACs per 500 beds.			3			
c.	Assign 1 MAC to each medical and surgical service.		2				
d.	Assign MAC to unit.						4

PERSONNEL (cont's)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
	e. Few MACs are qualified to hold rank above Captain.			2			
	f. Furnish unit with well trained supply officer, MSSS trained.		2	3	1		
	g. Assign 1 officer to hospital who is trained in engineering, preferably MAC or SnC.		1	3			
12.	Enlisted Men.						
	a. Enlisted men must be psysically fit (general service).	1	2	3		2	3
	b. Replacements have been largely line men or men from other branches.	1	4	3	2	2	
	c. Stop transferring Medical Department enlisted men to other branches.	1	1	3	2		
	d. All replacements should be Medical Department trained soldiers.	1	7	4	1		2
	e. Furnish replacements more quickly.		4				
	f. Enlisted men hospitalized for treatment should be returned to unit when discharged.		2	2			
	g. Cadre should not be sent to units in higher grades. (Evaluate then promote).			3		2	
SUPPLIES AND EQUIPMENT.							
1.	More rations. Have forgotten the night shift.		2	2			
2.	Proctoscope should have light in distal end.		3				

SUPPLIES AND EQUIPMENT (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
3.	Issue light pajamas -- not wool.		2	1			
4.	Generators should be heavy duty with slower motors.	2	10	6			
5.	More spare parts for equipment including stoves and shower heads.		5	1	1		1
6.	Replace 1½T trucks with 2½T dump trucks.	1	1	2	1		1
7.	Australian tents superior to U.S. Army tents.			3	1		
8.	Prefer prefabricated buildings to tents.	4	3	3			
9.	Impregnated tent 15° hotter than untreated one.	1			1		
10.	Design combined unit for surgery so won't have to build sinks for "scrubbing".	2	1		3	3	
11.	Gasoline washing machine instead of electric.	1		1			1
12.	Need 25% canvas cot cover replacements.			2	1		
13.	Need more and better ophthalmoscope (May-head).		1	1			
14.	Improve food carts. Need large pneumatic tires.		3	3			
15.	Need extra water proofing facilities for tents.		1	1	2	2	
16.	Design a bed with "arm" that can be used as bedside table.		2	2			
17.	Crates and packing boxes should be so constructed that, when unpacked, can be used as tables and desks.		2	2	2	1	1
18.	Improve developer for X-ray. Isn't sturdy.			2		1	

SUPPLIES AND EQUIPMENT (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
19.	Need a better X-ray for fluoroscopy.			2		1	
20.	Light mobile X-ray equipment for taking pictures of orthopedic cases.		2	2		1	
21.	Adopt quonset huts for use by Army.	2	5	7	2		
22.	Consider development of a flush toilet system for hospitals.		2	1			
23.	Hospitals with reefers could arrive at new location with fresh food.	2					
T/O & E							
1.	T/O & E now written for unit operating in garrison. Change to that in field.		3	1			
2.	All units should be kept up to T/O strength.		4	3	1	2	3
3.	Non-medical equipment in T/E most difficult to obtain.	2	6	4	1		
4.	Make all service teams (T/O & E 8-500) a part of T/O & E of the hospital.	3	18	16	1		
5.	Essential that laundry unit be an integral part of hospital T/O & E.	3	21	21	1		
6.	Assign engineer trained enlisted men and one Corps of Engineer officer to unit.		3	2			
7.	Assign more utility men to unit.	4	21	31	1		
8.	More utility equipment to unit.	5	20	31	1		
9.	Higher ratings for utility men.		9	7			
10.	More cooks and bakers (25 cooks per 500 beds).		6	7	3		

T/O & E (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
11.	Increase number of enlisted men to former T/O strength.		10		8		
12.	Increase number of enlisted men in unit.	2	12	8	1	2	1
13.	Air mattresses for hospitals. Less shipping space. Won't need springs in beds.	2					
14.	Provision, with equipment, is needed for chapel.		6	3			
15.	More tents for chapel, mess, utilities and supplies.		1	2	1		
16.	Increase by 33 1/3% the number of clerks allowed in T/O.		9	8	3		1
17.	Same ratings for medical and surgical technicians. Increase ratings for all hospital enlisted men.		1		1		
18.	Operating room technicians should have separate MOS.		2	1	1	2	3
19.	Include sign painter in T/O.		1	1			
20.	Need QM officers back in T/O.		1				
21.	Assign a medical artist and medical photographer (with equipment) to unit.		2				
22.	Medical professional equipment is adequate.		1	2	1	2	
23.	The following items should be a part of T/E.						
a.	Ice machine.	5	15	13	5	3	
b.	Ice cream machine.	5	15	16	6	3	
c.	Power driven circular saw.	4	15	17	3	2	

T/O & E (cont'd)

	<u>Comments</u>						<u>Units</u>					
	BS	GH	SH	FH	EH	PSH						
d. Public address system.	2	8	9	2	1							
e. Central hot water (steam) system.	3	9	3									
f. More refrigeration (minimum of 3 cu. ft. reefer space per patient).	7	17	19	5	1							
g. More generators.	5	5	15	4		2						
h. Kitchen labor-saving devices. (Dish-washing machine, bread slicer, meat slicer, mixers, etc.).	3	14	11	2								
i. Engineer equipment (tool chests, pioneer chests, electrician, plumbers, carpenters and general utility chests).	7	13	10	2	1	1						
j. Bulldozer.	4	11	4		2							
k. 750 gallon water trailers with pumps and water tanks.	4	6	6	5	2							
l. Mobile steam producing unit.	5	6	6		1							
m. 1 fly per ward tent.	2	1	2									
n. Portable water purification unit.	2	2	6	2	2							
o. More vehicles (ambulances to T/O of Evacuation Hospitals).	4	7	6	5	4	4						
p. Bake ovens.	1	7	6									
q. More field ranges of Weil's cookers.	3	5	2									
r. Portable showers.	1	4	5	5	4							
s. Air-borne rubber tired tractor.		4	4									
t. More microscopes.		5	3	1	1							
u. Cystoscope.				2								

T/O & E (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
v.	Electrocardiograph.			2			
w.	More immersion heaters.		8	8			
x.	Frying grill for each kitchen.		6	4			
y.	Additional heavy typewriters.	2	4	4	2		
z.	Additional mimeographs.		2	2	2		
aa.	Movie projector (16 mm)		3	6	2		
ab.	More oxygen tents.		2	1			
ac.	Washing machines.	1	4	5	6	4	
ad.	Air conditioning equipment for surgery.		3				
ae.	Increase number of lyster bags to 16/500 beds.		1	2			
af.	Soft drink dispensers.		7	4			
ag.	Motor driven bone saw.		2	1		1	
ah.	Suction outfit.						2
ai.	CO ₂ Unit.					1	1
aj.	1-8 cu. ft. ice boxes per 50 beds.	3	4	5			
ak.	Horizontal autoclave.			1	1		1
al.	Crane.		2	1			
am.	Cement mixer.	3	5	2			
an.	Dump trucks.	3	2	4	2	1	
ao.	Carry all.		2				
ap.	Ventilating equipment for darkroom.		4	4			
aq.	Small welding outfit.	1	4	2			

CommentsUnits

24. Other items recommended.

- a. Laboratory equipment to do Kahn test and blood smears.
- b. White uniforms or jackets for enlisted technicians and cooks.
- c. Water plant.
- d. Road scraper.
- e. Portable disinfector.
- f. Can opener.
- g. Upright steam boilers for mess hall.
- h. Obstetrical forceps.
- i. Fluoroscopic lights.
- j. Safes for safekeeping of patients deposits and effects.
- k. Electric shock therapy machine for treating psychotics.
- l. Drinker respirator.
- m. Rubber hose and water pipes and pipe fillings.
- n. Shower heads, faucets and washers.
- o. Tables, chairs, and desk and lumber.
- p. Radios.
- q. Piano.
- r. Electric motor, 1/4 to 1/2 h.p. for dental drills, etc.

BS	GH	SH	FH	EH	PSH
				1	1
	2	2			
1	2				
2	2	1			
				1	
	3	2	4	1	
1	1	1			
		1			
		1			
	1	2			
	1				
	1				
1	3	2	1		
	2	4	1	1	
	1	3	2		
	2	1			
	1	1			
		2	1		

<u>Comments</u>		<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
	s. Electric cast cutter to remove plaster casts.		2	1			
	t. Rubber boots (3 dozen pair per unit).		2	2			
	u. Include skeleton in T/E.			1	1		
25.	Equipment should be functionally packed (by wards and clinics).		3	2	4	6	
26.	Pos pressure anaes machine for chest surgery.				1		
27.	Extra mosquito nets.				2		
28.	Extra cots, blankets, and sheets.				2		
29.	Each EM should have a machete.	1					
30.	Need two beauticians for nurses.		3	1			
TRAINING							
1.	All commanding officers should attend a course or school for commanding officers before joining unit.	3	1	3	2		
2.	All MCs should be sent to Carlisle before joining unit.	2	10	9	4	1	
3.	Nurses should have orientation course on Army nursing procedures, and indoctrination in military courtesies and customs.		14	7	3	2	
4.	MACs should have parallel training in hospital administration.		2	6			
5.	Personnel officer, registrar, and detachment commanders must be well trained. (Parallel training most important).		5	6	2	1	
6.	Hospital inspectors should check the records of the unit -- not cobwebs.			2		1	

TRAINING (cont'd)

<u>Comments</u>		<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
7.	Nurses should be used more in teaching nursing procedures to enlisted men.		16	9	1	2	1
8.	Have all furloughs and administrative problems of activation completed on the date of unit activation.		4	5	4		
	(On activation		4	4	6	1	
	(For field training		4		3		
9.	Medical Officers (2-3 mos before embarkation should join unit.		3	4			
	(For parallel training		2	2	1		
	(On activation		2	3	1		
	(For field training		1	4	2		
10.	Nurses should (For parallel training join unit.		9	5	1		
	(2-3 mos before embarking		9	4	2		
	(At POE or 2 weeks before			1	2		
11.	Personnel that should join unit on activation.						
a.	Administrative officers, commanding officers, chiefs of services and chief nurses.		10	3	3	2	
b.	50% of MCs plus administrative officers.		3	2	1		
c.	All personnel.		7	5	3	1	
	(Basic Training		17	13	3	4	2
12.	Enlisted men (Enlisted technicians should have had training		14	14	3	3	6
	(Parallel training		15	16	3	3	2
	(10 days - 3 wks.		1	6	2	1	1
	(Unit training (1 mo. - 2 mos.		3	9	2	2	1
	(2 mos - 4 mos.		3	3	1	4	
13.	Unit (1 - 3 mos.		9	5	2		
	should have (Parallel tng (Until committed.		4	11	4	2	3
	(When staging.		9	9	4	2	5

TRAINING (cont'd)

<u>Comments</u>		<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
14.	Enlisted technicians should have high school education and AGCT score of III or above.		1	4		1	
15.	Enlisted technicians should have parallel training in <u>good</u> hospital immediately after finishing ETS course.		11	14	5	2	5
16.	Doctors, nurses and enlisted technicians must train as teams during parallel training.		5	4	2	3	5
17.	Train medical and surgical technicians alike.		8	7	2	3	2
	To give anaesthesia.		7	6	4	4	7
	(IV pentothal and drop ether)						
	To give hypodermics.		2	7	3	4	6
	To give intravenouses.		6	9	4	3	5
	To care for NP cases.	2	3	3	1		
	War management.		2	2	1		
	"Bedside" manner.		5	7	1		
18.	Train enlisted men		3	2			
	Isolation procedures.						
	Aseptic & sterile technic.		10	12	2	5	5
	In occupational therapy.		3	3			
	As P.T. technicians.		3	4			
19.	Prefer all surgical technicians and trained on-the-job in operating room technic. (Aseptic and sterile technic).		7	6	1	3	6
20.	Screen enlisted men for jobs.		14	9	7	5	5
21.	Enlisted men with basic and enlisted technician training have been well trained.		14	10	7	4	5
22.	Train enlisted men in 1st and 2nd echelon maintenance of the equipment they use.		6	8	3	2	

TRAINING (cont'd)

Comments

Units

		BS	GH	SH	FH	EH	PSH
23.	Hospital (Laboratory technic ((parasitology) should have (X-ray technic courses to (Operating room technic continually (Ward management train enlist- (In physical therapy ed men in (Aseptic and sterile technic		4	5	2	5	1
			5	3			
			6	5		2	2
			5	6	1		
			4	3			
			6	5	1	5	5
24.	Hospitals in training should be set up near permanent station or general hospi- tals and actually receive and treat patients (get every 2nd or 3rd admis- sion).		7	6	1	4	
25.	Train utility men of all categories.	2	12	10	1		
26.	Train enlisted men and male officers in use and care of weapons.	3	8	12	9	6	5
27.	More men with overseas experience should be used in training men in units.		4	5	6	4	2
28.	Enlisted men should have training with Infantry medical unit before assignment to hospital.					2	1
29.	Stress military courtesies and discipline in training.	2	3	5	1	2	
30.	Nurses should be trained to give anaesthesia.		9	7	2	1	
31.	Dental Corps officers should be trained to give anesthesia.		3	2	3	1	
32.	Train enlisted men in operation and main- tenance of electrocardiograph.		1	1			
33.	One enlisted man from surgery, each clinic, medical and surgical wards should attend packing and crating school.		1	2	2		
34.	Include dietetics course for cooks and bakers. In palatable preparation of dehydrated food.		3	7		1	

TRAINING (cont'd)

	<u>Comments</u>						<u>Units</u>					
	BS	GH	SH	FH	EH	PSH	BS	GH	SH	FH	EH	PSH
35. Train enlisted men in care of patients in foxholes, security, common use of weapons, perimeter defense, swimming, abandoning ship, security on shipment, and map reading.		2	3	3	4							
36. Stress appreciation and maintenance of all equipment.		1		1	1							
37. Keep at least one man trained and up to date in chemical warfare.		1	1	2	1							
38. Train units in hospital construction (tent pitching, floor construction, etc.).	3	9	11	1								
39. Stress instruction in field sanitation.	2	4	10	3	3	1						
a. Building and care of latrine in different type of terrain.		4	6		3	1						
b. Water purification.		5	3	2	3	1						
c. Garbage disposal.		2	4	1	2							
d. Fly proofing.		5	4		3							
e. Other sanitary precautions and their importance.		7	9	3	3							
40. Teach improvisations.	1		4	1	2							
41. Cut down on training in cover and concealment, mines and booby traps (as now taught), and dismounted drill.				3								
42. Train in functional packing of equipment.		3	5	4	4							
43. Teach professional administration.		8	9	3		1						
44. Have understudy in each job. Rotate enlisted men on assignments.		3	6	3								
45. Start training replacements early.		12	5	3	3							

TRAINING (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
46.	Include in course at Carlisle.						
	a. Military aspect of professional care of patients (Army first, individual second -- "mass production basis").	1	3	2		1	1
	b. War medicine and surgery briefing.		2	2	2	1	
	c. Information on intelligence.				1		
	d. Personnel affairs.				1		
	e. Logistics.		3	2	3		
	f. POM				2		
	g. Special services.		3	4	2		
	h. Motor pool management.		4	3	2	1	
	i. Claims and investigations.				1		
	j. I & E.			1	1		
	k. Calculating cargo space.			2	5	2	
	l. Combat landing.				2	3	
	m. Tropical diseases and those common to China and Japan.	1	9	7	7	4	
47.	One MAC in each unit must be trained to take care of company funds and patients' records.		4	3			
48.	Furnish units coming to this theater written information on diseases they are to face (malaria, skin diseases, diarrhea, dysentery, infectious hepatitis, scrub typhus, dengue, schistosomiasis, cholera, plague, fungus infections of feet, and heat rash).	2	7	8	2	2	
49.	Need handbook (cook book style) on medical and surgical nursing. Include operating room technic.		6	7			

TRAINING (cont'd)

Comments

Units

	BS	GH	SH	FH	EH	PSH
50. Handbook for nurses on military courtesies and customs, wearing of uniform, officer-nurse-enlisted relationship, field sanitation, medical records, organization of the Army and of the Medical Department, and chain of evacuation.		8	5	2		
51. Make training aids available as completed. (Films, film strips, manuals, and graphic training aids.)		15	17	4	2	
52. SOP on units. Who is to do what when in loading, unloading, sanitary installations, etc. Priority for use of buildings. Plan for evacuation.			2	5	5	
53. Manual on the unit.		2		1	1	1
54. Issue unit training equipment on activation of unit so it can train with the equipment.		1	2	5	5	
55. Actually set up hospital with equipment in tents during training period.		6	10	7	3	
56. Equipment should accompany unit on all moves.		1	2		2	
57. Send advanced party to new stations to guard equipment and locate cite.		4	5	1		
58. Commanding officers must learn possibilities and limitations of T/O & E early.		7	9	4	3	1
59. NCOs must be given responsibility. Too many officers try to be NCOs.		4	6	1	2	
60. Proper placing of responsibility permits better supervision. Have administrative officers do administration and professional officers, professional work.		2	3			
61. Nurses should not be allowed to serve as hostesses for headquarters and service parties. Proper indoctrination and leadership.		5	8	1		

TRAINING (cont'd)

	<u>Comments</u>	<u>Units</u>					
		BS	GH	SH	FH	EH	PSH
62.	Training program for Medical Department Replacement Pools should be improved.		1	1			
63.	Publications. TB Meds needed and not being received. Information on medical problems of area should reach unit before unit reaches the area. Get basic routine publications to unit.		2	2	1		
64.	When the Infantry Division is staging, the hospital should serve as source of professional training.		3	3		2	
65.	Advise units they will often not be used as trained in Zone of Interior.			2	5		
66.	Each unit should be prepared to take more patients than T/O calls for.		7	9	7	4	
67.	Hospital will get medical and exhaustion cases.				2	3	
68.	Building of walks and roads early is very important. Drainage is most important from health viewpoint.		9	5			
69.	Advise consolidated messes and make wards larger to conserve personnel.	1	3	5	2		
70.	Stress value of liaison -- field unit surgeon with line surgeon and with Navy, etc.		13	19	4	2	
71.	The following subjects were suggested for training films. Maintenance of ordinary medical equipment such as litters; operating room technic; technic of blood transfusion and plasma administration; orthopedic ward technic; methods of handling Medications; handling of patients with casts; pre-operative and post operative care; application of dressings (wet dressings); treatment of burns; basic						

TRAINING (cont'd)

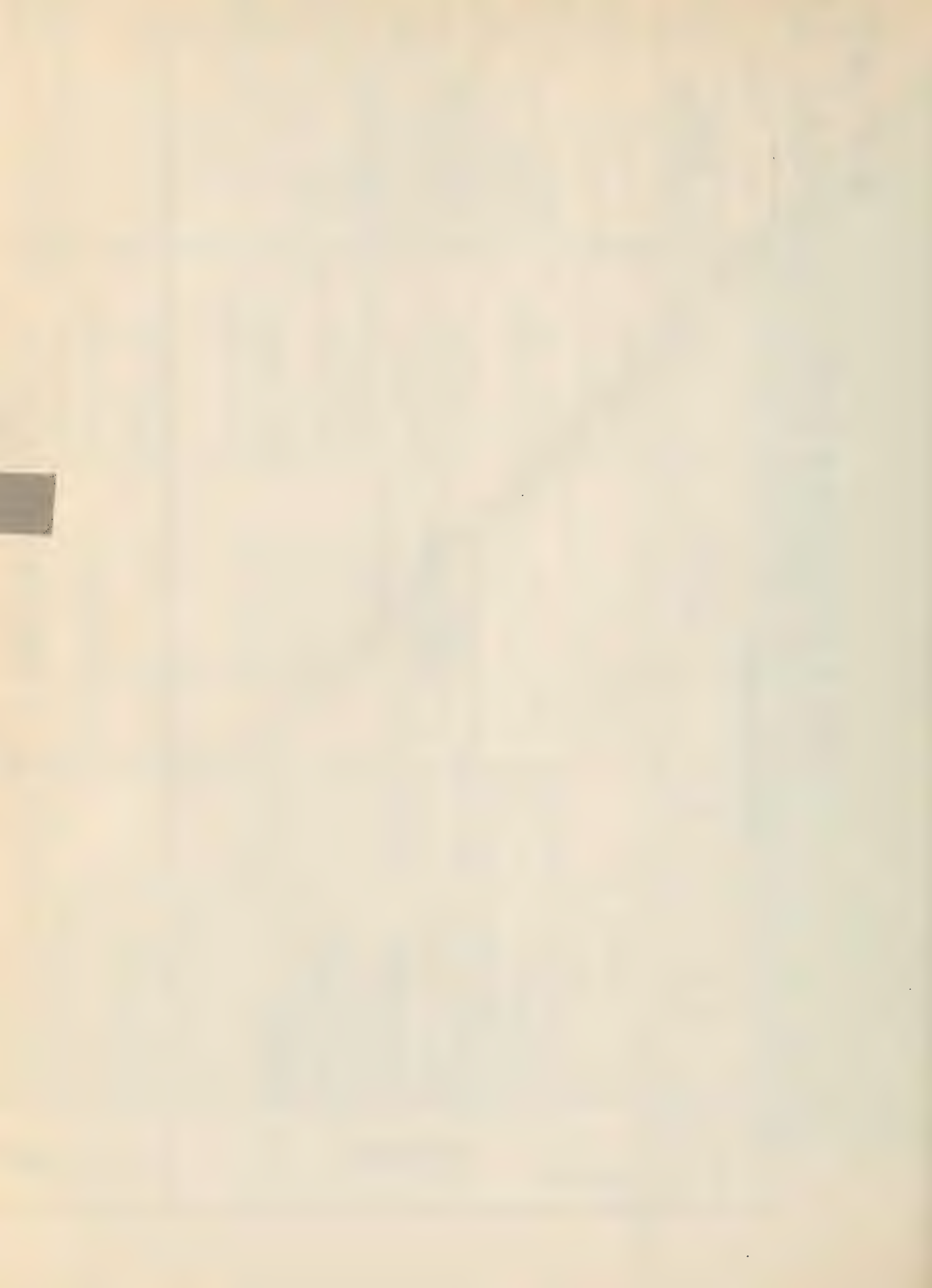
Comments

Units

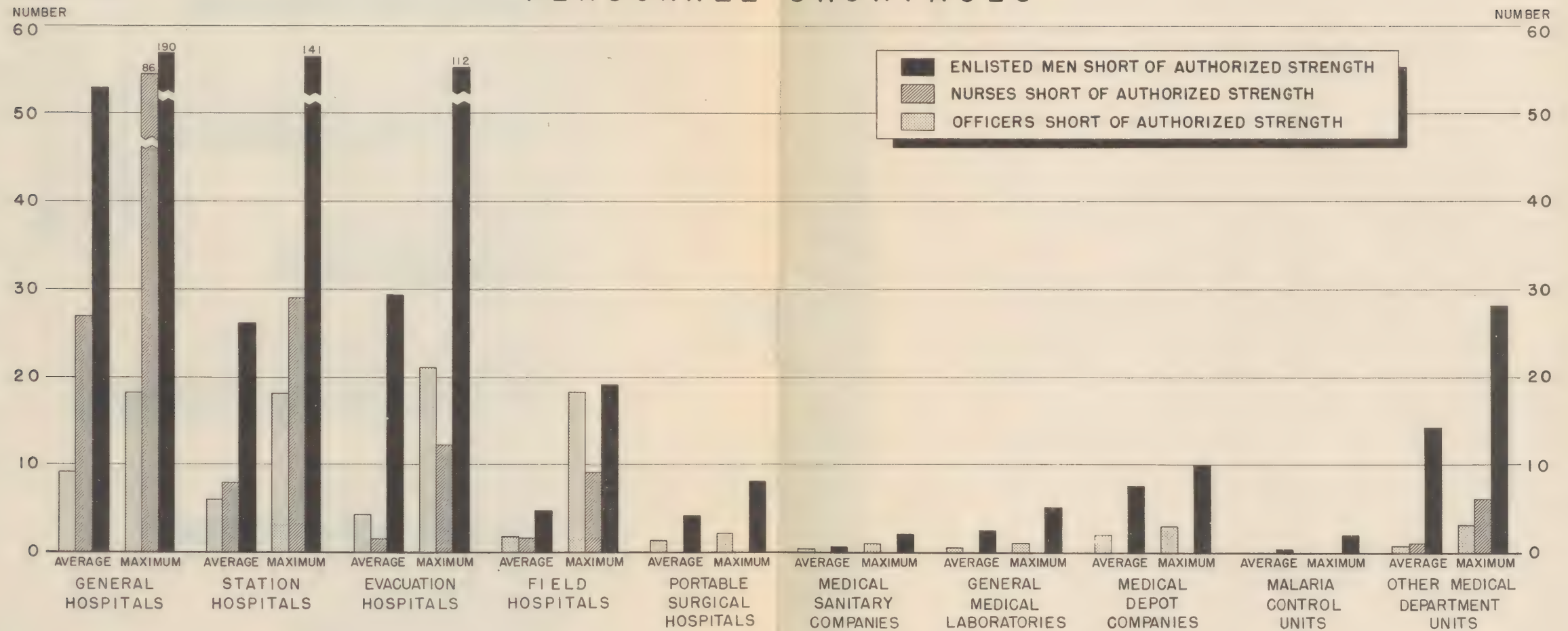
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sterile and aseptic technic; nursing care of post-operative belly cases; morale film on plastic surgery; and films to show effects of poor nursing (patient in trouble with ward men at mess; ward men asleep while patient takes care of another patient; large influx of patients on cots in sun with ward men at mess, etc.).						
72. Stress schistosomiasis discipline -- the treatment is no good.		4	3			
73. Psychology texts are the bunk.		7				
74. Have to construct own hospital and at same time take patients.		6	13	2		
75. All moves are different so plan for unit movement must be flexible.					4	
76. Disregard the Geneva Convention. Protect each ambulance. Beware of infiltration. Must have strong perimeter.	2	3	9	4	3	
77. Any hospital unit should be prepared to expand from surgical nucleus. Set up for immediate use and add as can, or need to.					3	
78. Bring along all the spare pipe and spare parts and spickets you can get. Should have plenty nails and tools, knock down wash stands and latrines (8 per 100 is far too little) and urinals.	1	7	5	3		
79. Must use the convalescent patients to help run the hospital. Use in post office, post exchange, etc.		13	11			
80. Build mess halls and latrines first.		11	8	2		
81. Training programs should be mandatory.	2	3	2			

SURVEY OF OPINIONS:

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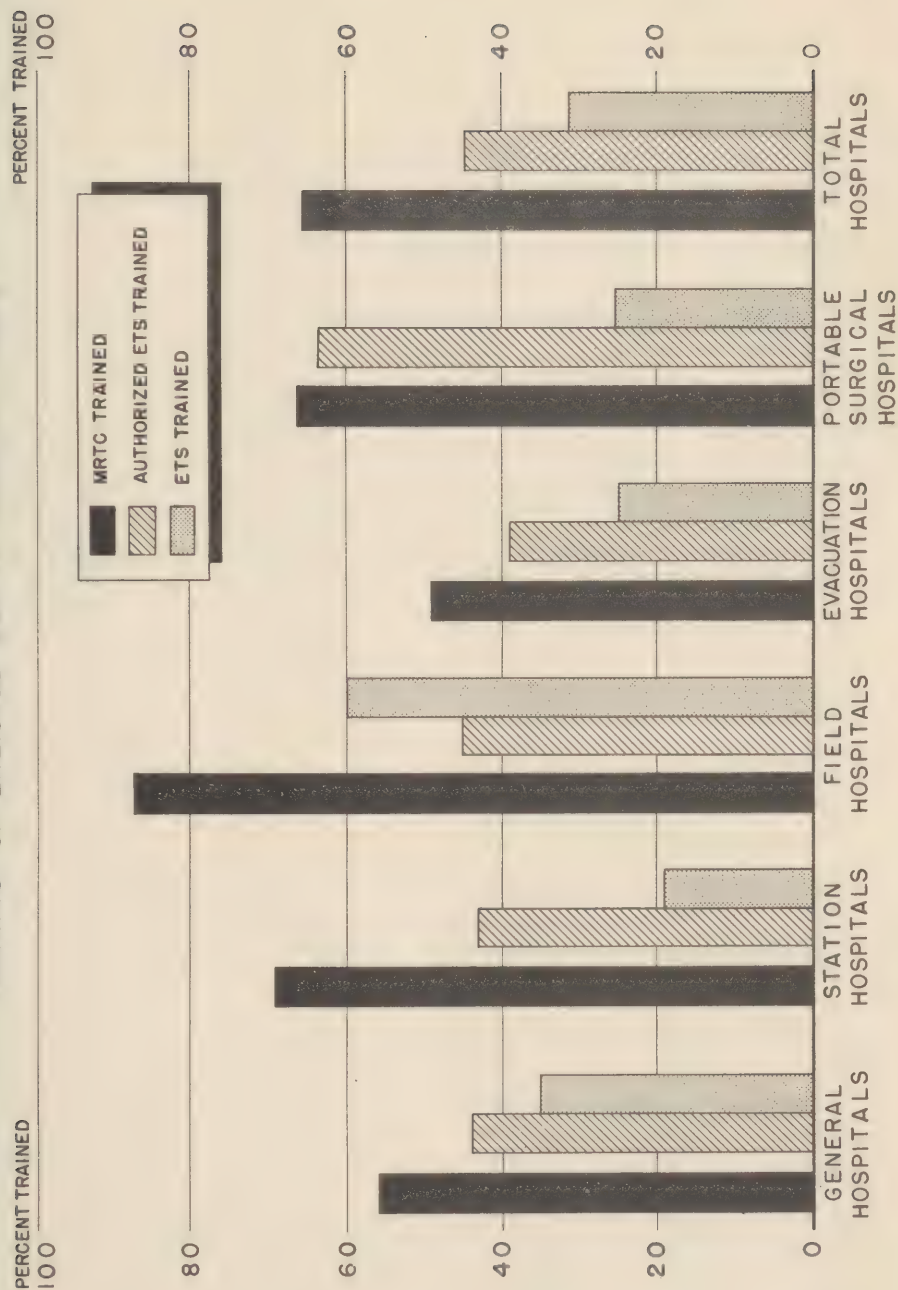


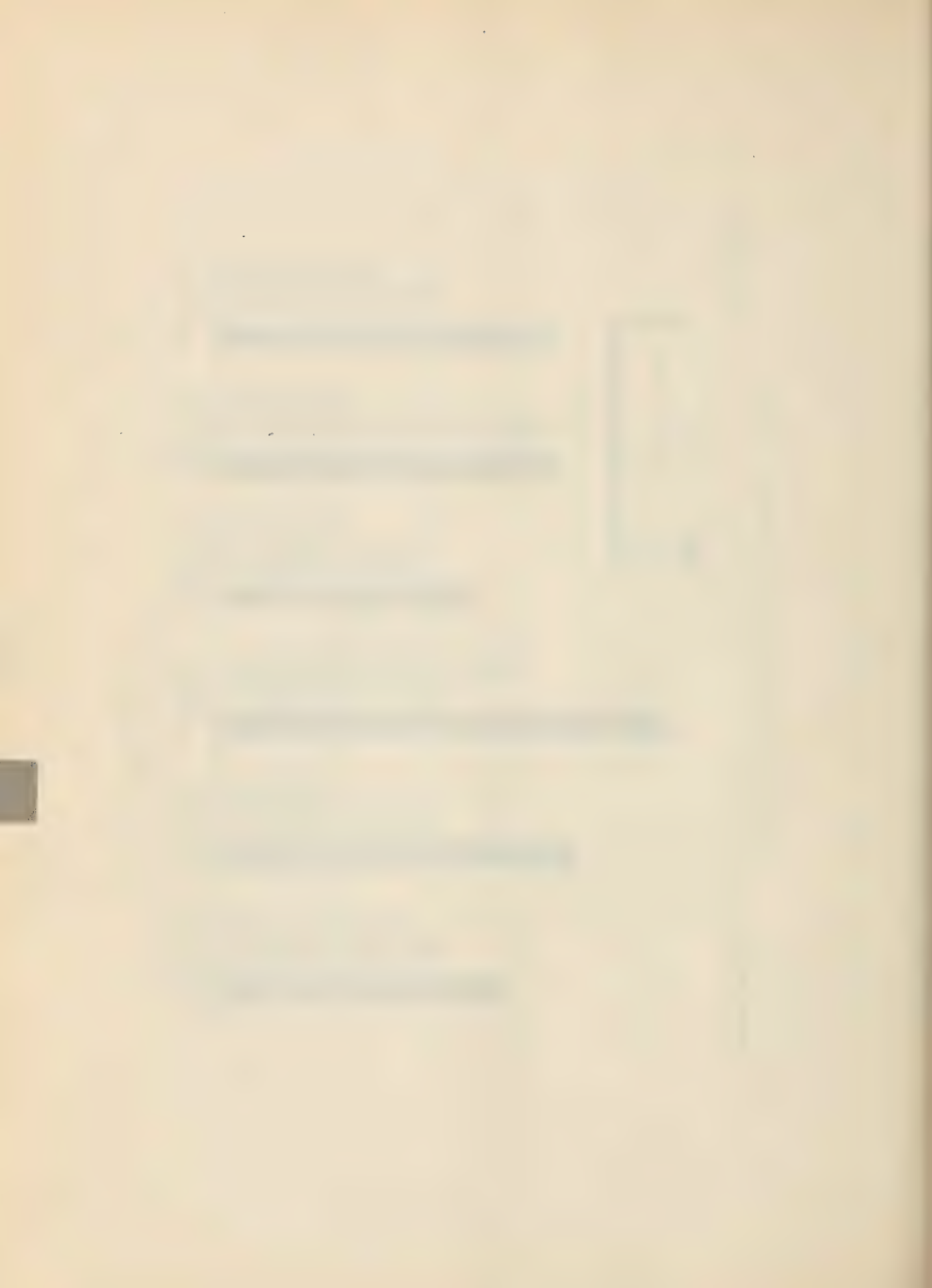
PERSONNEL SHORTAGES



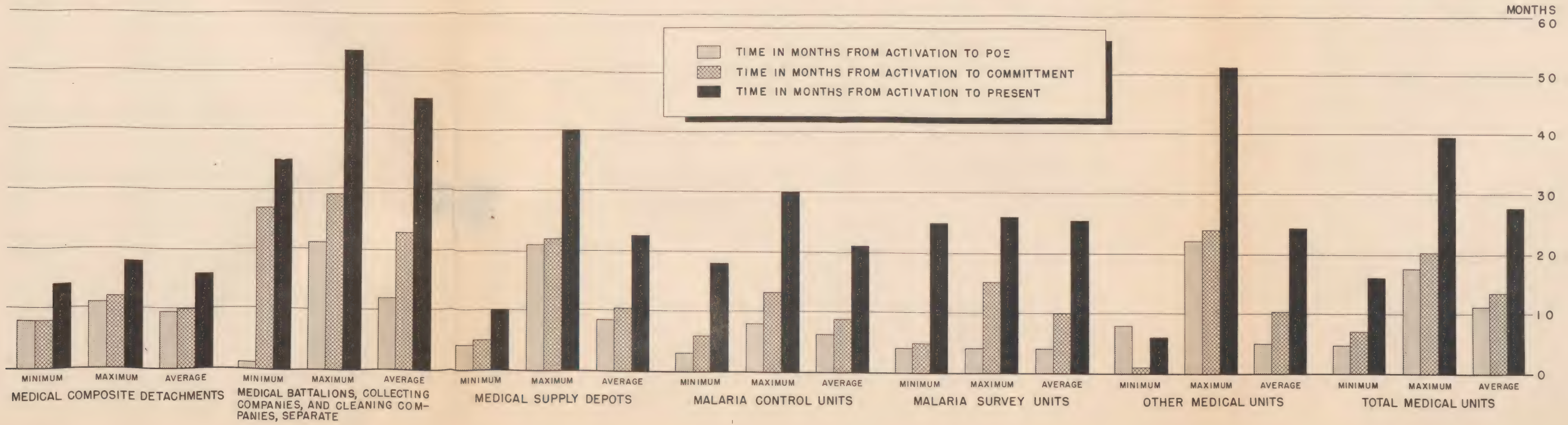
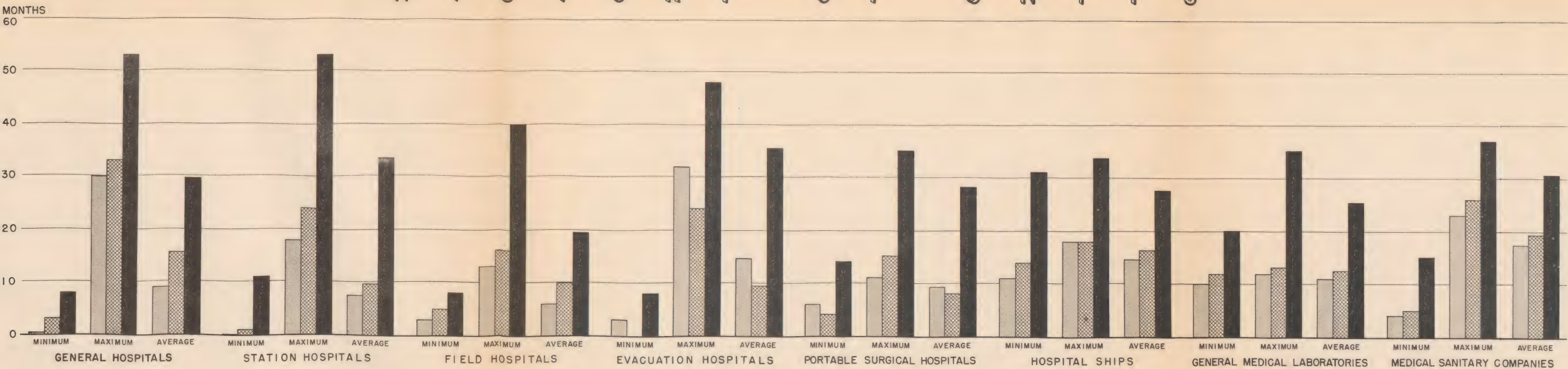


TRAINING OF ENLISTED MEN IN HOSPITAL UNITS





HISTORY OF UNITS





Comments and recommendations
on functioning of Museum and Medical Arts Detachments
in the Pacific Theatres (SWPA and POA)
as presented by representatives of
Training Division Surgeon General's Office



Comments and recommendations on functioning of Museum and Medical Arts Detachments in Southwest Pacific Area as presented by representatives of Training Division Surgeon General's Office

A. Purpose of the Museum and Medical Arts Service Units:-

1. To secure moving picture coverage of professional subjects, particularly those peculiar to war and to the different theaters -- this does not include the production of the finished film -- including research when indicated.
2. To take still photographs of subjects of medical professional interest.
3. To assist in collecting and forwarding to the Army Medical Museum medical specimens of scientific or historic interest.

B. Reasons for failure to fulfill mission in moving picture coverage:-

1. No Medical Corps Officer has been designated to work with the unit in an advisory capacity.
2. No specific plan has been made for coverage of any specific subject.
3. Use of the Kodochrome film as been used for film coverage that has been better taken by the Signal Corps. (Non-professional film coverage -- The Signal Corps is charged with the procurement of this type film.)
4. The film that has been taken is "frozen" in some unit or headquarters within the theater thus destroying the opportunity of making it available to all units through official film production.
5. A Sanitary Corps Officer or Medical Administrative Corps Officer is in charge of the unit. He does not know what to take, what important professional situation is available for filming, or what should be filmed.

Examples:

- a. A Museum and Medical Arts Service Unit was available at the site where scrub typhus was rampant yet no moving picture coverage was attempted by the unit.
- b. A Museum and Medical Arts Service Unit was available when schistosomiasis first became a real problem yet no moving picture coverage was secured.
- c. Museum and Medical Arts Service Units have been available in the theaters all along but no effort has been

made to get coverage of any professional subject with its legion manifestations.

- d. A Museum and Medical Arts Service Unit was available in Naples, Italy during:

- (1) The typhus epidemic in Naples yet no moving picture coverage was secured. This was an ideal place for complete coverage in color showing rash, etc.
- (2) The trench foot episode at Anzio yet no moving picture coverage was secured.

(In both instances listed under "d", the Navy got complete coverage).

6. Rather than getting adequate coverage of facts and forwarding to Army Medical Museum for editing and production through existing War Department channels, there has been an effort to "produce" completed films with the amateurish personnel connected with the unit. Every phase of the subject must be covered, but this should be forwarded to Washington where professionals (Signal Corps) with the professional assistance from either an officer designated by the appropriately concerned service in the Surgeon General's Office, or by the Medical Corps Officer who served as the professional (medical) advisor with the unit during the procurement of the film can properly assemble the film. War Department will produce the film as an official War Department film and give it an official number and title, with sound (when necessary) and in sufficient copies for desired distribution.

- C. Relationship of Signal Corps coverage as contrasted with the Museum and Medical Arts Service Units.

Signal Corps

Museum and Medical Arts Service Units

- | | |
|---|---|
| 1. Gets complete coverage of tactical activities and non-professional subjects. | 1. Should get <u>only</u> professional medical coverage - not that which is to be taken by the Signal Corps. |
| 2. Moving picture coverage is in black and white only. | 2. Has available kodachrome for coverage of the professional subjects (color is needed in practically all cases). |
| 3. Films taken is returned to War Department for editing and production as needed and approved. | 3. What happens to it, if taken, is unknown. |

- D. Recommendations:

1. A medical officer be designated to work constantly with the unit or assigned to it.

2. Chief Surgeon's Office prepare, with the medical officer, a detailed plan for each project. (List the particular phases of the subject that must be covered for a complete picture on the subject).
3. Authority be given the unit to travel, by any means necessary, to any area in the theater necessary to accomplish the mission -- to follow the cases, should this be necessary, to rear area hospitals even to the United States.
4. All photography secured be forwarded immediately to War Department (Army Medical Museum) with brief instructions and recommendations.
5. All photography be limited to and concentrated on professional medical subjects -- not on sunrises, ships, harbors, dead japs, destroyed buildings and the like. This is not only wasting film and duplicating Signal Corps coverage but it is wasting color film allotted for professional coverage.
6. All moving picture film already taken, if any, and now hoarded be forwarded to the War Department without delay.
7. The film taken, if developed in the theater, not be run more than once on a good, clean projector before forwarding to War Department. To do so will scratch the film and render it useless as a master print. Recommend that it not be developed in the theater as the developing process is peculiar to the Eastman Kodak Company and to develop all pieces of film uniformly requires this technic since each batch of film reacts to the same developing solution differently.
8. If 2 Museum and Medical Arts Service Units are available, one be used for surgical subjects and the other for medical and corresponding specialists with Medical Corps Officers designated to guide and supervise their activities.

Comments and recommendations on functioning of Museum and Medical
Arts Detachments in Pacific Ocean Area as presented by representatives
of Training Division Surgeon General's Office

1. The Signal Corps is charged with the responsibility of getting combat photography by ARs.

a. The Signal Corps camera crews take the photography with 35 mm equipment.

b. Color photography is not taken by the Signal Corps except by War Dept. approval. (In specific isolated cases only)

c. Signal Corps combat film is returned to the Signal Corps Photographic Center, Astoria, Long Island, N. Y. unedited.

(1) Here the newsreels get 1st chance for use.

(2) The BPR has very high priority too.

(3) An ASF (Mil. Tng.) representative reviews all the film - a full time assignment - and advises the Tng. Div. SGO when any film on the Med. Dept. activities are received. This notification is by phone.

(4) A representative of the Tng. Div. (MC) is ordered to SCPC to review and evaluate the film for possible War Dept. use.

d. Caption sheets accompany all Signal Corps film returned.

(1) The Tng. Div. SGO gets a copy of all the caption sheets and carefully checks them for Medical Dept. film scenes.

(2) The sheets are used as guides and notes are made on the sheets when the film is reviewed in N.Y.C.

e. When it is believed by SGO (Tng. Div.); Mil. Tng., ASF and Signal Corps representatives that sufficient film is available on any subject of interest to the the Med. Dept., a Film Bulletin is produced.

Examples — 132. Evacuation of the Wounded
146. Med. Service in the Invasion of Normandy
147. Med. Service in the Jungle
172. Field Hospital
173. Evacuation Hospital
176. Blood Bank in Natousa
180. Trench Foot

Projects now being developed:

DDT - Weapon Against Disease
General Hospital
Malaria Control on Corsica
Psychiatric Procedures in Combat Areas

f. From time to time "Stock Shots" - scenes available of combat photography - are used in the production of other training films

g. These films are produced with sound, including sound effects (the guns shoot and the motors and airplanes sound as though they are running), given an official title and War Dept. No. They are distributed by established War Dept. channels and sufficient copies can always be made for the necessary and desired distribution.

h. The Signal Corps does not ordinarily take professional photography. Color photography will not be taken without specific approval of each project. (It is certain that the Navy and Air Corps control the color film stock. All color film obtained for use by the Ground or Service Forces is obtained through the Navy or Air Corps).

1. Combat photography for the Med. Dept. - as with other services - is taken by the Signal Corps according to the plan(s) submitted by the service. (See the material submitted with the answer to ETMD, Tabs A & B, which are copies of the material submitted to the Chief, Signal Officer, through Mil. Tng., ASF, by The Tng. Division, SGO. Col. Menaker has a copy).

2. All Army training films are made by the Signal Corps from beginning to end. The Bureau of Aeronautics, USN, makes all the Navy training films from beginning to end.

3. The Bureau of Medicine and Surgery, USN, has now available or in the process of production films on professional medical subjects. These films will make up a series known as "Medicine in Action." Some of the subjects covered are:

- a. Typhus (taken in Naples)
- b. Soft tissue wounds
- c. Trench foot
- d. D.D.T.

a. These films are in color, have sound, and are officially designated by Navy numbers.

b. The procedure followed by the Bureau of Medicine and Surgery in securing the film from which these pictures are made is as follows:

- (1) The Bureau of Medicine and Surgery decided on the subjects to be covered based upon their professional need.
- (2) A unit was set up to take 16 mm color film. This unit was composed of several enlisted photographers and a medical officer.
- (3) A Medical Corps officer was designated as the military adviser on the films. He was informed, in detail, of the desired material and was given the detailed plan for the photography. His orders permitted him to travel to any place in the particular theatre when necessary

to get this photography. (Several plans were given, if the area for securing the film, was suitable for all).

- (4) The military adviser was instructed not to take any other photography without specific approval from Washington.
- (5) The military adviser returned to Washington with the exposed film where it was developed.
- (6) With the Bureau of Aeronautics (Navy parallel of the Army Signal Corps) the film was edited. The military adviser and representatives of the Audio-Visual Section, Bureau of Medicine and Surgery (Army parallel, Training Doctrine Branch, Training Division, SGO) assisted in and supervised the editing from the professional medical standpoint.
- (7) The Bureau of Aeronautics, having approved the project as an official film, developed the picture with sound and made sufficient copies for the desired distribution.

4. The Surgeon General expressed disappointment to the Training Division in the failure of the Army to produce some professional films comparable to the one established by the Bureau of Medicine and Surgery. The Museum and Medical Arts Service Unit (T/O & E 8-500) is comparable to the Navy unit which got the Navy professional film coverage. This unit has 16 mm color film allotted to it for the purpose of securing professional medical photography. It is not intended nor expected by the War Department that this unit shall attempt to duplicate the photographic coverage of the Signal Corps. This Army unit does not have a medical officer assigned to it.

5. The Director, Training Division submitted the following recommendations to the Surgeon General:

a. That a Professional Film Board be established in The Surgeon General's Office to decide upon the subjects to be covered, the selection of the Medical officers to serve as military advisers, and to prepare the detailed plans for such films. (This Board would be made up of a representative from the Preventive Medicine Service and each of the Consultants Divisions).

b. That a Medical officer be designated to supervise the photographic coverage of the professional subject.

c. That the film be returned to Washington for editing, production as an official War Department project, and distribution through established War Department channels.

6. These recommendations were approved by The Surgeon General and the Training Division was designated the responsible agency in working out the details for such a program.

PIR/lg

FROM: Chief Surgeon

TO: USAFFE Training Group
(Atten: Col. Taylor)

3 June 1945

1. Attached is a survey of the medical service of the Philippine Army and a suggested plan for the training of personnel for the medical service, which was made at the request of the Chief Surgeon by the Director of the Training Division, Office of The Surgeon General, and his assistant while they were on temporary duty in this theater.

2. The Chief Surgeon is of the opinion that a training program such as that outlined in this plan is essential for the proper training of medical officers, enlisted men and nurses of the Philippine Army. Generally speaking, it is not possible to train medical organizations solely on a unit basis because of the large number of specialists which are essential to adequate medical service. Medical personnel for the accomplishment of this mission are not available in this theater.

3. It is recommended:

(a) That a program essentially as outlined in this study be adopted for the training of medical personnel of the Philippine Army.

(b) That the personnel for the accomplishment of this training be requisitioned from the United States for assignment to the USAFFE Training Group (this personnel cannot be accommodated in the theater overhead for medical officers).

(c) That the equipment and training aids also be requisitioned from the United States with the exception of that which can be procured locally.

FOR THE CHIEF SURGEON:

Incls:

P.I.R.

#1 - Copy ltr fr Col. Wergeland dtd 5/17/45
subj: Med Training for the P.A.

#2 - Survey of Med Training of P.A. with
3 tabs, A, B, & C.

HEADQUARTERS
UNITED STATES ARMY FORCES IN THE FAR EAST
OFFICE OF THE CHIEF SURGEON

APO 501
17 May 1945

SUBJECT: Medical Training for the Philippine Army.

TO : Chief Surgeon, United States Army Forces in the
Far East, APO 501.

1. Upon verbal request of the Deputy Surgeon, USAFFE, representatives of the Training Division, (Colonel Floyd L. Wergeland, MC, and Lt. Colonel Robert J. Moorhead, MC) Surgeon General's Office now on temporary duty in this theater, made a study of the plan, facilities, and requirements for the training of a medical department for the Philippine Army. Based upon the findings of such a study, the inclosed comments and recommendations are submitted.

2. On 9 May 1945, Col. Wergeland and Lt. Col. Moorhead, upon his verbal request, presented to the Chief of Staff, Philippine Army, details of the training of medical department personnel in the U. S. Army. This included an explanation of the mobilization training programs, training adjuncts such as parallel training with established operating hospitals, and a listing of the visual aids now available.

FLOYD L. WERGELAND
Colonel, M.C.
Director, Training Division
Office of The Surgeon General

SURVEY OF MEDICAL TRAINING OF PHILIPPINE ARMY

1. GENERAL INFORMATION AND ASSUMPTIONS AVAILABLE.

The Philippine Army will have a strength of approximately 150,000. It is understood that USAFFE is responsible for the organization, training and activation of Philippine Army units. An assistant to the Chief of Staff USAFFE is the liaison officer with the Chief of Staff, Philippine Army. Under him he has G-1, G-2, G-3, G-4, representatives, a training group, and some special staff representatives including one in the office of the Chief of Medical Service. The training group represents all branches of the service and is responsible for the organization and supervision of training. Under this training group there is a medical section headed by a medical officer, in addition to requisitions for additional personnel to include two MAC officers and especially trained EM for the headquarters of this section. According to Col. James F. Taylor, General Staff Corps who was in charge of the training group, it is expected that a special allotment of 400 officers and 800 to 1000 EM will be made available to them for the training teams of all branches. Of these the medical units can count on approximately 40 officers and 80 to 100 EM. Since there will be four separate locations for training a similar breakdown of this personnel will have to be made. The training group is interested in teaching first-aid, sanitation, personal hygiene and other basic medical subjects to the personnel of the Philippine Army, in addition to the technical training of the medical department personnel. The training group will procure the training aids which under the present set-up will come out of the U.S. Army equipment already in this theatre. In addition, if authority is given, training aids will reach the Philippines through the training teams and will remain the property of these teams--not to be turned over to the Philippine Army. Initially, former members of the Philippine Army will be trained so as to form the main nucleus for the training of the army as a whole. Guerrillas, both recognized and unrecognized, some of whom are former military personnel and others civilians, will be recruited to bring the Philippine Army up to the strength of 150,000.

2. MEDICAL TRAINING MISSION

The training mission consists of two parts:

- a. To train all members of the Philippine Army to be proficient in first-aid, personal hygiene, and field sanitation.
- b. To train the members of the medical department of the Philippine Army in basic technical and tactical subjects so that they will be able to render the most effective medical service under all conditions.

3. MEDICAL TRAINING SITUATION

a. Personnel to be trained: There are 150,000 to be trained in basic medical subjects. Since the medical department will be roughly 10% of the entire army, additional basic technical and tactical instruction must be given to about 15,000 medical department members. Heretofore, members of the medical department have been selected individuals usually of high school or grammar school education, using the English language as a medium. This is based upon information received from former medical officers of the Philippine Army. It is expected that the Philippine Army will continue to regard the medical department as a selected branch deserving of better educated personnel. Since most of the former members of the Philippine Army have not had opportunity to practice their medical profession and having been prisoners of war for three years, they are entirely unfamiliar with the present-day training as conducted by the Medical Department of the U.S. Army. Initially, therefore, they cannot be counted on for much assistance as instructor cadre. It will be necessary to train and stimulate considerable enthusiasm in these officers in order to carry out this vital program.

b. Qualified personnel available: At present approximately 468 Medical officers, 115 Dental officers, 12 Veterinary officers, 10 Medical Administrative Corps officers, 26 nurses and 830 enlisted men are available for training and assignment. These individuals were formerly members of the Philippine Army. At the present time the officers are undergoing a refresher course using technical aids and equipments as available to them by existing medical units of the U. S. Army. The enlisted men are undergoing on-the-job training and additional instruction under the guidance of the United States Army hospital personnel.

c. Training facilities: There are no training facilities available at the present time with the exception of U. S. Army Medical Department installations. Two hospitals are now being utilized as media for unit training and at the same time are caring for a normal patient load.

d. Training aids: There are no publications or visual training aids available to medical department personnel in the Philippine Army for instructional purposes.

e. Locations: It is expected that four (4) separate training areas will be employed in connection with replacement battalions. These are to be established at Camp Olivas, Camp Murphy, Leyte and Mindanao. It is at present prohibitive to move personnel from one island to another, therefore, it will be necessary to establish similar training installations and units at each of these four places, except technical specialty training which should be conducted at Camp Murphy.

4. TRAINING PLAN

In order to conform with the above training situation and to fulfill the medical training mission, specific channels must be provided for procurement of necessary facilities and qualified personnel for training. Based on the assumption that the USAFFE Training Group will make the necessary training personnel, facilities, training aids, supplies and equipment available to the medical department, the following plan is submitted:

a. General: There will be four (4) medical training sections. One section will be located in the vicinity of each of the replacement battalions (see par. 3e above). Each section will operate a medical training center (MTC) which will be responsible for three categories of training units:

(1) Replacement training: This will include basic technical medical department subjects.

(2) Special school: Schools will be established in conjunction with medical training centers to provide common specialists (cooks, bakers, clerks, chauffeurs, mechanics). A special school for rated technicians (X-ray, pharmacy, dental, laboratory, surgical and medical technicians) will be established at Camp Murphy.

(3) Unit training: U. S. Army or Philippine Army medical installations will conduct unit training for the recently activated personnel under the supervision of the medical training center located at Camp Murphy, Camp Olivas, Leyte or Mindanao (See Tab. A). The officer classes will not exceed 200 in each of these medical training centers. When trainees are in excess of these figures, additional classes should be established to get the maximum effective training. Additional units must then be provided for unit training.

b. Courses to be conducted and duration of courses:

(1) Officers' courses: Six weeks basic officers' course will be conducted for all officers at the medical training centers. This course will be based on a program now used by the Medical Field Service School, U. S. Army.

(2) Enlisted men's courses: The enlisted men's courses will in general be 17 weeks in duration. The initial 6 weeks will be basic military training and the remainder basic technical training. Upon qualifying in basic technical subjects, the enlisted personnel will become available for assignment to an activated group where they will receive on-the-job training until training authorities find them technically qualified to perform as an individual unit (See Tab. A).

c. Personnel: In order to properly organize and supervise this proposed training a staff of U. S. Army officers and enlisted men must be made available to the Philippine Army. A suggested table of organization for this training cadre is attached as Tab. B. It is expected that when

a unit is activated that an activation team will immediately be sent to help with all the administrative problems of activation. Then a training team will be sent out to actually conduct and supervise the training of the activated unit.

d. Training equipment: Training equipment will be provided in accordance with the T/E and T/A set-up for the training cadre (See Tab. B). The USAFFE Training Group will be responsible for the maintenance and replacement of this equipment.

e. Training aids: Training aids will be provided as required to carry out the provisions of MTP 21-3, MTP 8-1, MTP 8-2, and MTP 8-10 upon which the courses of instruction are based. A list showing recommended medical training aids, exclusive of locally prepared charts, is attached in Tab. C. Other necessary films may be selected from MTP 21-3.

5. RECOMMENDATIONS

a. That unit training now established be completed.

b. That potential instructors selected from the present Philippine Army officer cadre be attached to the 227th Station Hospital or the 60th General Hospital, to be further trained as instructors.

c. That a training group of 40 officers and 100 EM qualified in methods of instruction and training procedures, be requested from the United States to further organize and supervise this training. This allotment of personnel should be above the present troop basis of this theatre and should contain sufficiently high ranks and grades to exercise proper authority. The medical officer in charge of the medical section of the training group should be a graduate of the Command and General Staff School, the Medical Field Service School, U. S. Army and be thoroughly familiar with training procedures as now exist in the United States Army.

d. That local effort be made to secure training facilities (classrooms, demonstration areas, and training areas) for the medical training centers.

e. That careful study be made of the recommended T/E for the training teams so that facilities will be available for the utilization of their equipment and aids. For example, classrooms should be made available in which training films, film bulletins and film strips can be used.

f. That T/A and T/E (shown in Tab. B) be subject to minor revisions, deletions and additions as considered necessary by the Surgeon General, U. S. Army.

g. That adequate priority be obtained so that this personnel and equipment can be available in the Philippines by 1 August 1945.

TAB A

MEDICAL TRAINING PLAN 1945 - PHILIPPINE ARMY

PERSONNEL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC
From former Army personnel to	1000 bed Philippine Gen. Hosp. attached to 227 Sta. Hosp, USA for training	SAME	Same	PGH to replace 227 Station Hospital	PGH to remain at Camp Murphy to operate a hospital for Philippine Army Patients and to serve as a hospital for on-the-job training of medical department personnel and other activated medical units of the Philippine Army			
Former Army Medical Officers to	MEDICAL OFFICER (a) Informal MTC (b)							
Recruits from Civilians and guerillas (c)	Number not yet known	Instructor Guidance Program for EM & Officers at 227 Sta. Hosp. and Informal MTC	MTC to be activated (d) Instructor (e) Program at MTC (g)	MTC Class No. 1 (f)	MTC Class No. 2 Class No. 3	MTC Class No. 1 E.M. (f)	MTC Class No. 2 E.M.	
From former Army Personnel to		500 bed Phil. S. H. attached to 60th Gen. Hosp. USA for training	Same	Same	Phil. Station Hospital to Camp Olivas to operate a hospital for Philippine Army Patients and to serve as a hospital for on-the-job training of medical department personnel and other activated medical units of the Philippine Army.			
1. Former Army Personnel 2. MTC graduates, officers and EM to	Other Medical Unit Activations (h)							

- (a) Course ends. These officers available for assignment to units. Selection of instructors to be made from this group for MTC and 1st PGH training.
- (b) Medical Training Center.
- (c) Four MTC'S as same plan to be operated at Leyte, Camp Murphy, Camp Olivas and Mindanao.
- (d) Medical subjects for Inf. replacement commands will be taught by MTC Officers or EM.
- (e) 1 August 1945, 6 week course for officers and 17 week course for EM begin.
- (f) Continuous Instructor Guidance Program by MTC training groups.
- (g) Unit equipment (T/E) must be available to unit on activation date. Must be used as training equipment for on-the-job training.
- (h) Maximum 250 per EM classes, 11 per officer classes.

TABLE OF ORGANIZATION)
AND EQUIPMENT :
Special 8-Philippine)
Army

USAFTE,
17 May 1945.

U. S. ARMY MEDICAL TRAINING DETACHMENT, FOR PHILIPPINE ARMY

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Section I

ORGANIZATION

1	2	3	4	5	6	7
Unit	Specification Serial Number	Headquarters Section	4 Medical Training Sections (each)	Technical School (Camp Murphy)	Total	Remarks
2 Colonel -----	-----	1	-----	-----	1	aMAC bv.C. cd.C.
3 Commanding Officer -----	2120	(1)	-----	-----	(1)	
4 Lieutenant Colonel -----	-----	2	1	-----	6	
5 Executive Officer -----	2120	(1)	-----	-----	(1)	
6 Commanding Officer -----	2120	-----	(1)	-----	(4)	
7 Director of Training -----	2120	(1)	-----	-----	(1)	
8 Major -----	-----	1	2	1	10	
9 Commanding Officer -----	-----	-----	-----	(1)	-----	
10 Supply Officer -----	4490	(a1)	-----	-----	(2)	
11 Training Director -----	2120	-----	(1)	-----	(4)	
12 Executive Officer & Adjutant -----	2120	-----	(1)	-----	(4)	
13 Captain or First Lieutenant -----	-----	-----	4	7	23	
14 Supply Officer -----	4490	-----	(1)	-----	(4)	
15 Instructors -----	-----	-----	-----	-----	-----	
16 Training Director -----	-----	-----	-----	(1)	(1)	
17 Director Medical & Surg. Section -----	3150	-----	-----	(1)	(1)	
18 Director Laboratory Section -----	3303	-----	-----	(1)	(1)	
19 Director X-ray Section -----	3306	-----	-----	(1)	(1)	
20 Director Dental Section -----	3175	-----	-----	(c1)	(1)	
21 Director Pharmacy Section -----	3100	-----	-----	(a1)	(1)	
22 Director Veterinary Section -----	3221	-----	-----	(b1)	(1)	
23 General instructors -----	3100	-----	(3)	-----	(9)	
24 Total commissioned -----	-----	4	7	8	40	
25 Warrant Officer -----	-----	1	1	-----	5	
26 Personnel & Classification -----	2120	(1)	(1)	-----	(5)	
27 Master Sergeant -----	-----	1	1	-----	5	
28 Chief Clerk -----	-----	(1)	(1)	-----	(5)	
29 Technical Sergeant -----	-----	1	1	-----	5	
30 Supply & Motor Sergeant -----	-----	(1)	(1)	-----	(5)	
31 Staff Sergeant -----	-----	-----	1	1	5	
32 Chief Training Clerk -----	-----	-----	(1)	(1)	(5)	

33	Sergeant -----	----	----	5	1	21
34	Chief Clerk -----	----	----	----	(1)	(1)
35	Medical NCO Instructors -----	673	----	(5)	----	(20)
36	Technician, grade 3)					
37	" , " 4) -----	----	----	3	12	24
38	" , " 5) -----	----	----			
39	Technician, surgical -----	861	----	(3)	(2)	(14)
40	" , medical -----	409	----	----	(2)	(2)
41	" , x-ray -----	264	----	----	(2)	(2)
42	" , dental laboratory -----	067	----	----	(2)	(2)
43	" , veterinary -----	250	----	----	(1)	(1)
44	" , medical laboratory -----	858	----	----	(2)	(2)
45	Pharmacist -----	149	----	----	(1)	(1)
46	Corporal -----	----	3	7	4	35
	Stenographer (Instructor) -----	213	(2)	(1)	(1)	(7)
48	Automobile Mechanic (Instructor) -----	014	----	(1)	----	(4)
49	Cook (Instructor) -----	060	----	(1)	----	(4)
50	Clerks, Typist (Instructors) -----	405	(1)	(1)	(1)	(6)
51	Technician Equipment Maintenance - (1)	229	----	(1)	(1)	(5)
52	Sanitary Technicians (Instructors) --	196	----	(1)	----	(4)
53	Baker (Instructor) -----	017	----	(1)	----	(4)
54	Utilities -----	121	----	----	(1)	(1)
55	Total enlisted -----	----	5	18	18	95
56	Aggregate -----	----	10	26	26	140

NOTE: Transportation is included in Section II.

17 May 1945

MEDICAL TRAINING DETACHMENT, U. S. ARMY

Section II

EQUIPMENT

GENERAL

1. This table is in accordance with AR 310-60, and it will be the authority for requisition in accordance with AR 35-6540, and for the issue of all items of equipment listed herein unless otherwise indicated.

2. When there appears a discrepancy between the allowances shown in column 2, "Allowances," and column 4, "Basis of distribution and remarks," the amount shown in column 2 will govern.

3. Items of clothing and individual equipment, components of sets and kits, spare parts, accessories, special tools, and allowances of expendable items, are contained in the following publications.

Army Air Force:

Air Corps Stock List.

AAF Technical Orders of the 00-30 series.

Chemical Warfare Service:

Army Service Forces Catalogs, CW 1, 3, 5, 6, 7, and 9.

Allowances of Expendable Supplies, Army Service Forces Catalogs, CW 4-1 and 4-2.

Corps of Engineers:

Army Service Forces Catalogs, Engr 1-1, 2, 3-1, 3-2, 5, 6, 7, 8, 10, and 11.

Allowances of Expendable Supplies, Series A.

Medical Department:

Army Service Forces Catalogs, Med 1, 2, 3, 6, and 7.

Allowances of Expendable Supplies, Army Service Forces Catalog Med 4.

Ordnance Department:

Standard Nomenclature Lists (SNL), and Army Service Forces Catalog, Ordnance Supply Catalog, index to which is the Army Service Forces Catalog Ord 2 OPSI.

Cleaning, Preserving, and Lubricating Materials; Recoil Fluids, Special Oils, and Miscellaneous Related Items, Army Service Forces Catalog Ord 5 SNL K-1.

T/A 23, Targets and Target Equipment.

Quartermaster Corps:

T/E 21, Clothing and Individual Equipment.

Allowances of Expendable Supplies, Army Service Forces Catalog QM 4.

Components, Spare Parts, Accessories and Contents of Chests, Kits and Sets, and Other Items of Quartermaster Property, Circular No. 4, OQMG.

Army Service Forces Catalogs, QM 3-1, 3-2, 5-1, 6, 7, and 8.

AR 30-3010, Items and Price List of Regular Supplies Controlled by Budget Credits and Price List of Other Miscellaneous Supplies.

Signal Corps:

Army Service Forces Catalogs, Sig 3, 5, 7, and 8.

Allowances of Expendable Supplies, Army Service Forces Catalogs, Sig 4-1 and 4-2.

Authorized Signal Corps Parts List.

AR 310-200, Military Publications, Allowance and Distribution.

AR 775, Qualification in Arms and Ammunition Training Allowances.

4. The following information is furnished reference organization of the Medical Training Detachments (Headquarters and (4) four sections) for the Philippine Army.

Company ----- 200 men

Battalion --- 4 companies or a major fraction thereof.

Regiment ---- 3 battalions or a major fraction thereof.

PERSONNEL

	Leyte	Mindanao	Camp Olives,	Camp Murphy	(Includes HOS)
Officers -----	7	7	7	19	(4)
Warrant Officers -----	1	1	1	2	(1)
Enlisted men (training cadre)					
Master or First Sgt -----	1	1	1	2	(1)
T/Sgt -----	1	1	1	2	(1)
S/Sgt -----	1	1	1	2	(1)
Sgt -----	5	5	5	6	
Tecn 4 -----	2	2	2	4	
Tecn 3 -----	1	1	1	3	
Cpl -----	7	7	7	14	(3)
Tecn 5 -----	1	1	1	5	
Enlisted men (trainees) -----	375	375	375	475	
Student Officers -----	100	100	100	100	
Aggregate -----	502	502	502	634	
Total				2,140	

T/O & E: SPECIAL

NUMBER OF COURSES *					
		Leyte	Mindanao	Camp Olives	Camp Murphy
Common Special- ties	Cooks & Bakers	1	1	1	1
	Chauffeurs & Truck Drivers	1	1	1	1
	Company, Supply & Medical Clerks	1	1	1	1
	Mechanics	1	1	1	1
.....					
←Rated Technicians→	Sanitary Technicians	1	1	1	1
	Veterinary Surgical Technicians				1
	Medical & Surgical Technicians				1
	Pharmacy Technicians				1
	Laboratory Technicians				1
	Dental Technicians				1
	X-ray Technicians				1
	Medical Equipment Maintenance				
	Officers' Basic Course	1	1	1	1
Total No. of Courses (E.M.)		5	5	5	11
Total No. of Courses (Officers)		1	1	1	1
Total		6	6	6	12

* These courses are in addition to the Basic Military & Basic Technical courses. See MTP 8-1, 1 June 1944; MTP 8-2, 1 July 1944; and MTP 8-10, 1 July 1944.

NUMBER OF STUDENTS

The number of trainees to be trained in common specialties and as rated technicians is dependent upon the numbers and types of units to be activated. This information is furnished the Medical Department from time to time by higher authorities. However, in an Army of this size, there will be economy to set up the technical school at one site (Camp Murphy) due to the limited number of students who will attend each course. It will reduce overhead by permitting interchange of highly qualified instructor personnel within departments of the technical school.

Based on the above, the T/A requisition for equipment for a technical school should be based on T/A 8-2, 3 June 1943 so as to establish one complete unit (school) capable of conducting all rated technical courses.

Prior to obtaining this permanent equipment for the school, the T/E equipment for the activated medical unit should be utilized, since on-the-job training is conducted in an operating medical installation with its own equipment set up for operation. This is feasible only if T/E equipment is actually available at the site of activation on activation day for the new unit.

The T/A shown below therefore does not include equipment for rated technicians' schools but does include equipment for basic military, basic technical, team training, and common specialties. It is applicable to each of the four sections of the Medical Training Detachment. The Camp Murphy section should be given in addition the T/A equipment authorized by T/A 8-2, 3 June 1943 and Changes 1, 2, 3, and 4 for technical school.

ARMY AIR FORCES EQUIPMENT

1	2	3	4
Item	Allowances	For computation	Basis of Issue and Remarks
Bag, Drop Message -----ea--	1	4	Per training section
Raft, Pneumatic, 5-man ---ea--	1	4	Per training section

CHEMICAL

1	2	3	4
Item	Allow- ances	For compu- tation	Basis of issue and remarks
Alarm, gas, M1 -----ea--	1	-----	1 per training section
Apparatus, decontaminating:			
1½ qt, M2 -----ea--	1	-----	1 per training section
3 gal, M1 -----ea--	1	-----	1 per training section
Kit:			
Repair, gas mask, univer- ea--	1	-----	Per training section
sal, M8			
Chemical agent detector --ea--	1	-----	Per training section
Mask, gas:			
Diaphragm, M3A1 -----ea--	10	-----	Per training section (if
IXA1-IVA1			available)
Service -----ea--	1	-----	Per indiv (cadre and trainees)
Service, lightweight -----ea--	-----	-----	Per training section (for in-
M3A1-10A1-6			structional purposes only)
Set:			
Drawings, colored, chemical set	1	-----	Per training section
warfare material			
Gas, identification, ----- set	2	-----	Per training section
instructional, M1			

ENGINEER

Alidade, boxwood, triangular	1	-----	Per training section: sn
8½ in			technician course
Block, ordinary, steel shell,	3	-----	Per training section
iron sheave, graphite bronze			
brushed, for Manila rope, single			
hook side loose, with becket,			
1-in, rope, 8-in shell			
Camouflage equipment set #4	1	-----	Per training section
training and maintenance			
Compass, lensatic, luminous dial	1	-----	Per 50 trainees (50 per cent
w/case			compasses, watch may be is-
			sued in lieu of compass len-
			satic, if 100 per cent issue
			of compass, lensatic is not
			available
Demolition equipment, Set No. 1,	1	-----	Per training section
engineer squad			

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Duster, insect, hand, rotary blower type, Peris green or powder, 5 to 10-lb.	1	-----	Per 2 cos or major fraction thereof; per 35 stu per sn techn course (non standard).
Electric lighting equipment, Set No. 3, 3-KVA.	2	-----	Per training section.
Measurer, map -----	1	-----	Per training section.
Mine probe, M-1 -----	5	-----	Per training section.
Net, camouflage, cotton, shrimp:			
22 x 22-ft -----	1	-----	Per training section.
29 x 29-ft -----	1	-----	Per training section.
36 x 44-ft -----	1	-----	Per training section.
Protractor, rectangular, plastic 1/8 x 1-3/4 x 6-in.	1	-----	Per 30 trainees.
Reproduction equipment, Set No. 4, gelatin process, 22 x 33-in.	1	-----	Per training section.
Sketching equipment, Set No. 1--	1	-----	Per training section; sn techn course.
Sprayer, insect, knapsack type, diaphragm or plunger type, 5-gal. capacity.	1	-----	Per training section; per 10 stu per sn techn course (nonstandard).

MEDICAL

Brassard:			
Geneva Convention -----ea--	1	-----	Per trainee, med sv.
Veterinary Corps -----ea--	1	-----	Per trainee, vet sv.
Clock, interval timer -----ea--	4	-----	Per clks' course.
Kit:			
Dental:			
Officer -----ea--	1	-----	Per training section.
Pvt -----ea--	1	-----	Per co.
Medical:			
NCO -----ea--	1	-----	Per med NCO.
Officer -----ea--	1	-----	Per med off.
Pvt -----ea--	1	-----	Per med pvt.
Veterinary:			
NCO -----ea--	1	-----	Per training section.
Pvt -----ea--	1	-----	Per training section.
Officer -----ea--	1	-----	Per training section.
First aid:			
Gas casualty -----ea--	4	-----	Per co.
Motor vehicle:			
12-unit -----ea--	1	-----	Per 4 fuel consuming mtr vehicles or fraction thereof except mtrcls.
24-unit -----ea--	1	-----	Per training section.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Unit equipment:			
Medical Battalion T/O & -----ea-- E8-16 less 1 collecting co and 1 cir plat. (current)	1	-----	Per training section.
Battalion Medical Equip-----ea-- ment (9720500).	2	-----	Per training section.
Dental Clinic, No. 2 -----ea-- (9505600).	1	-----	Per training section Camp Murphy where dental cli- nic is used for tng pur- poses.
Veterinary Dispensary -----ea-- Equipment (9734000).	1	-----	Per training section Camp Murphy in which vet sv personnel are trained.
Veterinary Pack Equipment --ea-- (9735500).	1	-----	Do.

ORDNANCE

A. Weapons and miscellaneous

Bayonet Knife M4 with -----ea-- scabbard M8A1	1	-----	Per carbine cal. .30M1.
Binoculars, M3 -----ea--	4	-----	Per training section (SNL F-210).
Carbine, cal. .30 M1 -----ea--	50	-----	Per co (SNL B-28).
Pistol, automatic, .45 -----ea-- M1911A1.	2	-----	Per co (SNL B-6).
Revolver, Cal. .45, M1917 ----ea--	2	-----	Per co (SNL B-7).
Rifle:			
U. S. Cal. .22, M2 -----ea--	10	-----	Per co (SNL B-17).
U. S. Cal. .30, M1 -----ea--	10	-----	Per co (SNL B-21).
U. S. Cal. .30, M1903A3 ----ea-- or M1903A1.	175	-----	Per co (SNL B-3).
Spring Gauge -----ea--	1	-----	Per training section.
Tachometer -----ea--	1	-----	Per training section.
Tool Sets (complete with tools):			
Motor Vehicle mechanics' ---ea--	1	-----	Per auto mech; add per 2 stu mech (SNL G-27).
Unit equipment Second echelon:			
Set No. 1 -----ea--	1	-----	Per training section (SNL G-27).
Set No. 2 -----ea--	1	-----	Do.
Set No. 7 -----ea--	1	-----	Do.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Tool Sets, (complete with tools) -- Continued.			
Vulcanizer's -----ea--	1	-----	Per training section (SNL G-27).
Wrench, torque, indicating, ---ea-- 1/2-in. square stationary.	1	-----	Do.

B. Vehicles

Trailer:			
1-ton, 2-wheel, cargo -----ea--	1	-----	Per training section.
1-ton, 2-wheel, water -----ea-- tank, 250-gallon.	2	-----	Per training section (SNL C-527).
1/4-ton, 2-wheel, cargo -----ea--	1	-----	Per training section (SNL G-529).
Truck:			
1/4-ton, 4x4 -----ea--	2	-----	Per training section (SNL G-503); 1 for Hqs Camp Murphy.
3/4-ton, 4 x 4, Ambulance, --ea-- K-D.	1	-----	Do.
3/4-ton, 4 x 4, weapons -----ea-- carrier.	2	-----	Do. (SNL G-502).
2 1/2-ton, 6 x 6, cargo -----ea--	3	-----	Do. (SNL G-506).

C. Motor transport equipment

Axe, handled, chopping, -----ea-- single bit standard grade, 4-lb.	1	-----	Per fuel consuming mtr vehicle (SNL M-3).
Chain, motor vehicle, tow, ----ea-- 16' long x 7/16" dia.	1	-----	Per 3 fuel consuming mtr vehicles, 1 1/2-ton to 2 1/2-ton inclusive (SNL M-3).
Mattock, handled, pick, -----ea-- type II Class F, 5-lb.	1	-----	Per fuel consuming mtr vehicle, except trk, 1/4-ton, 4 x 4 (SNL M-3).
Rope, tow, 20' long, 1" dia ---ea--	1	-----	Per fuel consuming mtr vehicle under 1 1/2-ton capacity (SNL H-9).
Shovel, general purpose, D ----ea-- handled strapback, round point, No. 2	1	-----	Per fuel consuming mtr vehicle (SNL M-3).

QUARTERMASTER

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Apparatus, leading, Veter- ----ea--inary.	1	-----	Training section Camp Murphy
Axe, intrenching, M-1910, ----ea--with handle.	1	-----	Per 30 EM.
Bag, canvas, water steriliz- --ea--ing, porous, complete with-cover and hanger.	1	-----	Per 100 indiv or maj fraction thereof.
	2	-----	Per 100 students, sn techn course (bag, canvas, water sterilizing, complete w/cover and hanger will be substituted until exhausted).
Bar, mosquito -----ea--	1	-----	Per 2 stu.
	12	-----	Per co; sn techn course.
Bucket:			
General-purpose, galvan- ----ea--ized, heavy-weight,	4	-----	Per baker and ck course.
without-lip, 14-qt.	10	-----	Per co; sn techn course.
capacity.	5	-----	Add per training section.
Canvas, water, 18-quart -----ea--	1	-----	Per fuel consuming mtr ve-hicle.
Cabinet, filing, steel, insulated 1-hour-heat-resisting-with- combination lock:			
Cap size, 1 drawer x 4 -----ea--drawers.	1	-----	Per training section; baker and ck course; clk's course; sn techn course (when avail-able).
Letter size, 1 drawer x 4 ---ea--drawers.	1	-----	Per training section; sn techn course (when available).
Cans, corrugated, nesting, galvanized, with cover:			
10-gallon-----ea--	2	-----	Per 100 stu, baker and ck course
	3	-----	Per 100 stu, sn techn course.
32-gallon -----ea--	2	-----	Per 100 stu, baker and ck course
	18	-----	Add per training section.
Can, water, 5-gallon -----ea--	2	-----	Per 100 stu, baker and ck course
	5	-----	Per sn techn course.
	20	-----	Per co.
Carriers:			
Axe, intrenching, M-1910 ----ea--	1	-----	1 per axe, intrenching, M-1910.
Pick-mattock, intrench- ----ea--ing, M-1910.	1	-----	Per pick-mattock, intrenching, M-1910.
Shovel, intrenching, M-----ea--1943.	1	-----	Per shovel, intrenching, M-1943 (carr, shovel, intrenching, M-1910 to be issued when shovel, intrenching, M-1910 is issued).

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Wire-cutter, M-1938 -----ea--	1	-----	Per cutter, wire, M-1938.
Case, canvas, dispatch -----ea--	1	-----	Per co; training section.
Chairs:			
Folding -----ea--	1	-----	Per 2 stu, clks' course.
	3	-----	Per co.
	250	-----	Per training section.
	50	-----	Per baker and ck course.
Chest, commissary, complete ea--	1	-----	Per training section.
with equipment.			
Container, round insulated, ea--	2	-----	Per co; 100 stu, baker and
M-1941 with inserts.			ck course.
Cup, coffee, unhandled, 13- ea--	20	-----	Per 100 stu, baker and ck
ounce capacity.			course.
Cutter, wire, M-1938 -----ea--	1	-----	Per training section.
Desk:			
Field (empty), fiber:			
Company -----ea--	1	-----	Per co; clks' course (if
			available).
Headquarters -----ea--	2	-----	Per training section (if
			available).
Office, wood:			
Flat-top single -----ea--	1	-----	Per off when atzd by CO; off
			and NCO, clks' course; baker
			and ck course (if available).
	5	-----	Per special course (if avail-
			able).
Typewriter, drop-at -----ea--	1	-----	Per typist when atzd by CO
center, left, or right.			(if available).
Dictionary, desk-type -----ea--	1	-----	Per training section.
	2	-----	Per clks' course.
	1	-----	Per hq. section.
Drum, inflammable-liquid ---ea--	1	-----	Per trk, $\frac{1}{4}$ -ton, 4 x 4; set of
(gasoline), steel, with-			range, fld, M-1937.
carrying-handle capacity,			
5-gallons.			
	2	-----	Per fuel consuming mtr ve-
			hicle except $\frac{1}{4}$ -ton trk.
Flags:			
Geneva-convention, Red- ---ea--	1	-----	Per amb.
Cross, bunting. Ambu-			
lance and marker.			
Guidon, bunting -----ea--	1	-----	Per co.
National Standard, Service ea--	1	-----	Per regt.
Organizational Standard, -ea--	1	-----	Per regt, sep tng bn or equi-
Service			valent orgn.

1	2	3	4
Item	Allow- ances	For compu- tation	Basis of issue and remarks
File, paper, arch, board, --ea-- wo/index-and-cover.	12	-----	Per training section.
Fork, table -----ea--	20	-----	Per 100 stu, baker and ck course.
Frame, mosquito-bar, wood --ea-- (for cots folding canvas).	1	-----	Per indiv.
Heater, immersion type for --ea-- cans corrugated	5 4	----- -----	Per training section. Per baker and ck course (heater, water, for range, fld, M-1937 to be issued in lieu thereof until exhausted).
Holder, copy -----ea--	1 2	----- -----	Per 2 EM in clks' course. Per baker and ck course (when available).
Hook, meat 5-in -----ea--	2	-----	Per 100 stu, baker and ck course.
Knife:			
Boning, 6" blade -----ea--	2	-----	Do.
Cooks', 12" blade -----ea--	2	-----	Do.
Table, grille -----ea--	20	-----	Do.
Kit, sewing -----ea--	1	-----	Per 12 EM or maj fraction thereof.
Lantern:			
Gasoline, leaded fuel ----ea--	6	-----	Per baker and ck course.
	10	-----	Per training section.
Kerosene, army -----ea--	2	-----	Per hq co.
	6	-----	Per co.
Locker box -----ea--	1	-----	Per EM.
Machine:			
Computing:			
Listing, portable, hand-ea-- operated.	1	-----	Per classification hq section; baker and ck course; clks' course.
Non-listing(calculating),ea-- hand-operated.	1	-----	Do.
Duplicating, using-spirit- process:			
Hand-operated, 8 x 13 --ea-- inches.	1	-----	Per training section.
Military Field Kit -----ea--	1	-----	Do.
Duplicating using-stencil-ea-- paper hand-operated, 8 x 13 inches.	1	-----	Per training section; baker and ck course; clks' course.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Embossing (Graphotype), --ea-- motor driver complete w/plate roller.	1	-----	Per training section.
Paper-fastening, lever-or-ea-- plunger type, wire-	1	-----	Per special courses; co.
staple preformed light duty.	4	-----	Per classification Hqs section.
Opener, can, mechanical, ---ea-- table-type.	4	-----	Per 100 stu, baker and ck course.
Outfit:			
Cooking, 1-burner -----ea--	1	-----	Per baker and ck course.
Pan:			
Dish, capacity 2l qt -----ea--	4	-----	Per 100 stu, baker and ck course.
Pie, 9-in -----ea--	40	-----	Do.
Paulin, canvas, large -----ea--	2	-----	Per training section.
Perforator, non-adjustable,-ea-- 2-hole.	2	-----	Per training section; baker and ck course; sn techn course; clks' course.
Pick, handled, railroad, 6--ea-- to-7 lbs.	8	-----	Per co.
Pick-mattock, intrenching, -ea-- M-1910 with-handle.	2	-----	Per 30 EM.
Picket-line-set, M-1933 -----ea--	1	-----	Per training section Camp Murphy where vet sv person- nel are trained.
Plate:			
Dinner, 9-5/8-inch-dia ---ea--	20	-----	Per 100 stu, baker and ck course.
Pump, gasoline, portable, --ea-- gasoline engine driven. dispensing, 30 gal per minute.	1	-----	Per training section.
Rake, garden, steel, 14 -----ea-- teeth.	2	-----	Per sn techn course.
	4	-----	Per co.
Range, field, M-1937:			
1-unit -----ea--	2	-----	Per 100 stu, baker and ck course.
2-unit -----ea--	2	-----	Do.
4-unit -----ea--	2	-----	Per baker and ck course.
Receptacle, waste paper -----ea--	1	-----	Per off as atzd by CO.
	4	-----	Per training section; sn techn course.
	7	-----	Per baker and ck course.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
	15	-----	Per clks' course.
	18	-----	Per classification Hqs section.
	25	-----	Per clks' course.
Saddle, Phillips' - pack, --ea-- cargo.	1	-----	Per training section Camp Murphy where vet sv personnel are trained.
Safe, field, combination ---ea-- lock.	1	-----	Per co; training section Hqs
	10	-----	Per cen hq (safe, fld, keylock will be substituted until exhausted).
Saucer, coffee, 7-inch dia.-ea--	20	-----	Per 100 stu, baker and ck course.
Saw:			
Butchers', 22" blade -----ea--	2	-----	Do.
Cross-cut, 2-man, length -ea-- 6 ft.	1	-----	Per training section.
Scale, weighing, platform, -ea-- folding Army-and-Navy-type 300-lb capacity.	1	-----	Do.
Screen, latrine, complete --ea-- (with-pins-and-poles).	1	-----	Per co; sn techn course.
	5	-----	Per training section.
Seal, official, War Depart--ea-- ment.	3	-----	Per training section.
Section, furniture wood up--ea-- right letter-size with-ends, 4-drawer high, 1-drawer-wide.	1	-----	Per training section and to be located in classification Hqs section; baker and ck course; sn techn course.
Set, conversion No. 2, sim--ea-- plified.	3	-----	Per 100 stu, baker and ck course.
Shears, office, bankers, ---ea-- 9-inch.	1	-----	Per clks' course (when available).
Shovel:			
General-purpose, D-handled-ea-- strap-back, round-pint,	1	-----	Per 3 stu in sn techn course.
No. 2.	5	-----	Per co.
Intrenching, M-1943 -----ea--	7	-----	Per 30 EM (shovel, intrenching, M-1910 to be issued in lieu thereof until exhausted).
Sledge, blacksmiths', -----ea-- double-face, weight 6 or	10	-----	Per co.
8 lbs.	4	-----	Per 100 stu or maj fraction thereof in sn techn course.
Sling, color, web, od -----ea--	1	-----	Per standard.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Spoons, table, medium -----ea--	20	-----	Per 100 stu, baker and ck course.
Sprayer, liquid, insect, ----ea-- pump type, 1-qt.	5	-----	Per 100 stu sn techn course.
Stand:			
Desk, visible filing, 75 --ea-- frame.	1	-----	Per classification sec cen hq handling 10,000 trainees.
Typewriter, wooden:			
With-1-drawer-and-slide-ea--	1	-----	Per 2 EM in clks' course.
With-3-drawers with-----ea-- drop-leaf.	1	-----	Per 50 stu, baker and ck course.
Steel, butchers', 10" blade -ea--	2	-----	Per 100 stu, baker and ck course.
Stencil-outfit, complete, --ea-- with-figures-and-letters $\frac{1}{2}$ " and 1".	1	-----	Per co; sn techn course.
Stone, sharpening, mounted, -ea-- medium grit, 1 x 2 x 6 inches.	2	-----	Per 100 stu baker and ck course.
Stretcher, shoe (sizes 0, 1 set-- and 2).	1	-----	Per training section.
Table:			
Camp, folding -----ea--	2	-----	Per baker and ck course.
	4	-----	Per co; training section.
Office, wood -----ea--	1	-----	Per off as atzd by CO (if available).
	2	-----	Per clks' course; sn techn course (if available).
	4	-----	Per baker and ck course (if available).
	15	-----	Per training section (if available).
Tent:			
Kitchen, flyproof -----ea--	1	-----	Per set of range, fld, M-1937 (fly, tent, wall large will be substituted until tent, ki, flyproof is available).
Sectional -----ea--	10	-----	Per training section (tent, hosp ward, will be issued in lieu thereof on a basis of 1 to 1 until exhausted).
Squad, M-1942 complete ----ea-- (with-pins-and-poles)	3	-----	Per co.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
	14	-----	Per training section (tent, wall, large, complete w/ fly, pins and poles will be substituted until exhausted).
Storage, complete w/fly --ea-- pins-and-poles.	1	-----	Do.
Wall, small, complete ----ea-- (with-fly-pins-and-poles).	3	-----	Do.
Tool-set (complete, with tools): Carpenters' No. 2 -----ea--	1	-----	Per co; 10 stu in sn techn course.
Carpenters' No. 1 -----ea--	1	-----	Per training section.
Tray, desk, wood, cap-size, -ea-- 2½-in.	1	-----	Per special course.
	2	-----	Per off and NCO, clks' course.
	4	-----	Per co.
	5	-----	Per training section.
Trimmer, print, drop-knife -ea--	1	-----	Per training section; spec course; sn techn course; clks' course.
Trumpet, C-with-slide-to-F -ea--	1	-----	Per bglr; stu bglr.
Tube, flexible nozzle -----ea--	1	-----	Per fuel consuming mtr vehicle.
Typewriter: Nonportable:			
11-inch carriage -----ea--	1	-----	Per co; baker and ck course; cfr course; mech course.
	6	-----	Add per training section Hq.
	5	-----	Add per Hqs section.
	1	-----	Per 3 EM in clks' course.
14-inch carriage -----ea--	1	-----	Per classification sec hq.
26-inch carriage -----ea--	1	-----	Per special course; training section.
	2	-----	Per hq sec (Camp Murphy)
Portable, with-carrying --ea-- case.	1	-----	Per fld desk issued.
Wheelborrow -----ea--	1	-----	Per co.
	3	-----	Per 100 stu or maj fraction thereof in sn techn course.

1	2	3	4
Item	Allowances	For computation	Basis of issue and remarks
Whip, egg:			
12-inch -----ea--	4	-----	Per 100 stu, baker and ck course.
16-inch -----ea--	4	-----	Do.
Whistles, thunderer -----ea--	1	-----	Per fld off; CO of co; lt of co; 1st sgt; plat sgt; truck-master.
Wringer, mop, with-bucket --ea--	3	-----	Per co.

SIGNAL

Belloptican -----ea--	1	-----	Per training section.
Detector Set SCR-625-()-----ea--	1	-----	Per training section or maj fraction thereof.
Flashlight TL-122-() -----ea--	1	-----	Per fuel consuming mtr vehicles; per 10 stu; per sn techn course.
	10	-----	Per co.
Lantern, Electric, Portable, Hand.	3	-----	Per co; training section.
	10	-----	Add training section.
Panel Set AP-50-() -----ea--	1	-----	Per training section.
Projector, Film Strip 35 mm-ea--	1	-----	Training section Camp Murphy.
Projector Equipment:			
PH 222, 16 mm -----ea--	2	-----	Training section.
	1	-----	Add per Camp Murphy sec.
Public Address:			
Equipment PA-4-() -----ea--	2	-----	Per training section.
	2	-----	Add per Camp Murphy sec.
Set PA-5-() -----ea--	2	-----	Per training section.
	1	-----	Add per Camp Murphy sec.
Telephone EE-8 -----ea--	3	-----	Per training section.

Recommend that the following training aids be made available in the quantities stated for instructional purposes.

a. Manuals.

(1) Field manuals

8-35 Transportation of the Sick and Wounded	- 1200	copies
8-40 Field Sanitation	- 1200	"
8-50 Bandaging and Splinting (with C. 1)	- 1200	"
21-11 First Aid for Soldiers (1943 edition, if available) to be issued to each soldier in the Philippine Army for his use and retention.	-150,000	"
21-20 Physical Training	200	"

(2) Technical Manuals

8-220 Medical Department Soldiers Handbook (1 copy to be issued to each Med. Dept. soldier for his use and retention.)	- 10,000	"
8-225 Dental Technicians	200	"
8-227 Methods for Laboratory Technicians	200	"
8-233 Methods for Pharmacy Technicians	200	"
8-240 Roentgenographic Technicians	200	"
8-260 Fixed Hospitals of the Medical Department	50	"
8-275 Military Roentgenology	200	"
8-285 Treatment of Casualties from Chemical Agents	-200	"
8-500 Hospital Diets	200	"

b. Graphic Training Aids.

8-1 First Aid (Portfolio)	8	"
8-4 Malaria (Portfolio)	8	"
8-17 Personal Health (Portfolio)	8	"
8-5 Shock	25	"
8-6 Three Life Savers	25	"

c. Three dimensional training aids.

War Wound Moulages (Set of 8)	8	"
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d. Film Strips. (4 each of the following)

8-39 Heavy Tent Pitching-Hospital Tentage, Ward Tent
8-50 Application of the Army Hinged, Half-ring Leg Splint.
*8-60 Disposal of Waste
*8-61 Mess Sanitation
*8-62 Water Supply and Purification
*8-63 Housing and Control of Respiratory Diseases.
*8-64 Control of Insect-Borne Diseases.

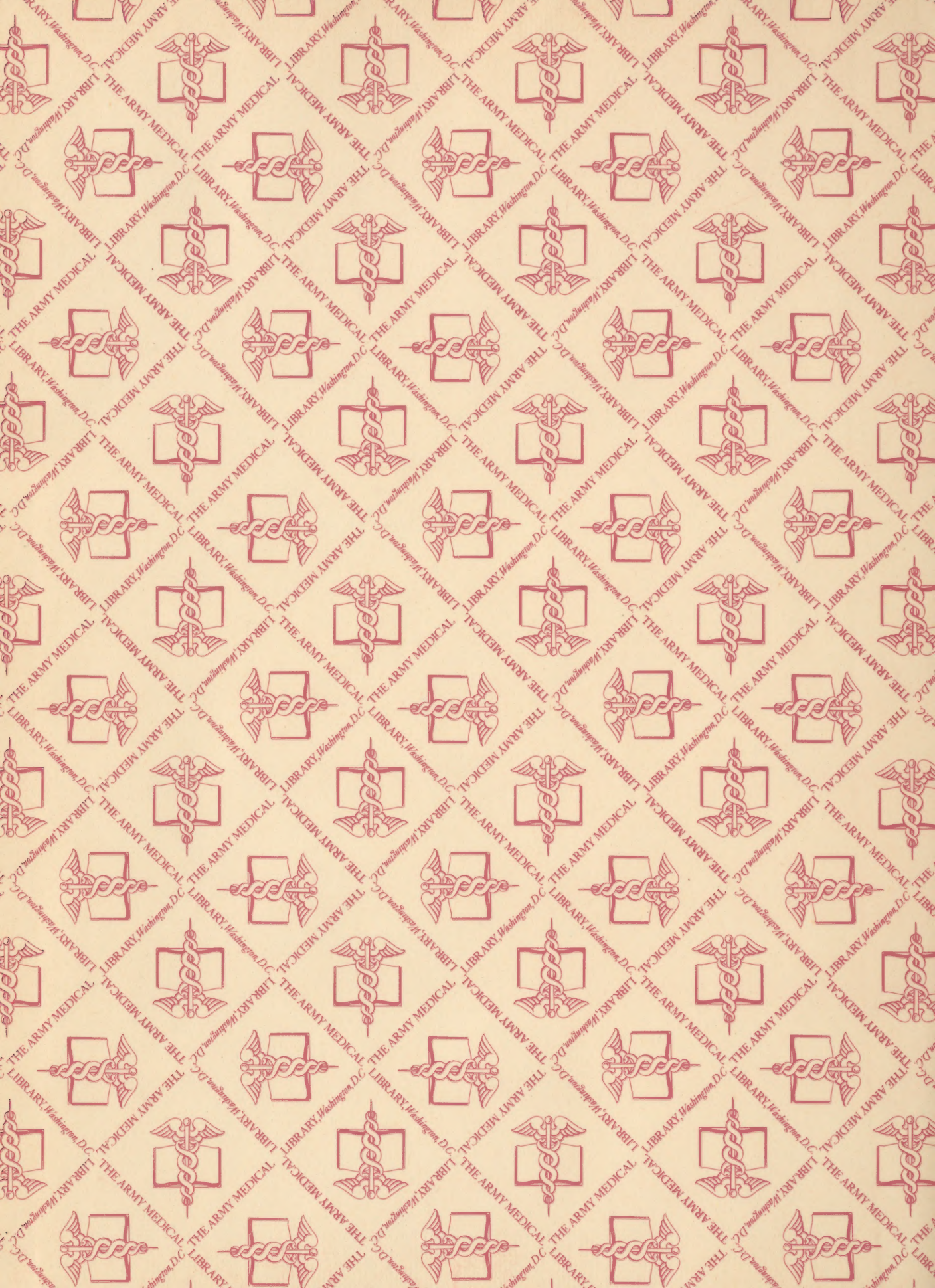
*-Are suitable for all Army personnel.

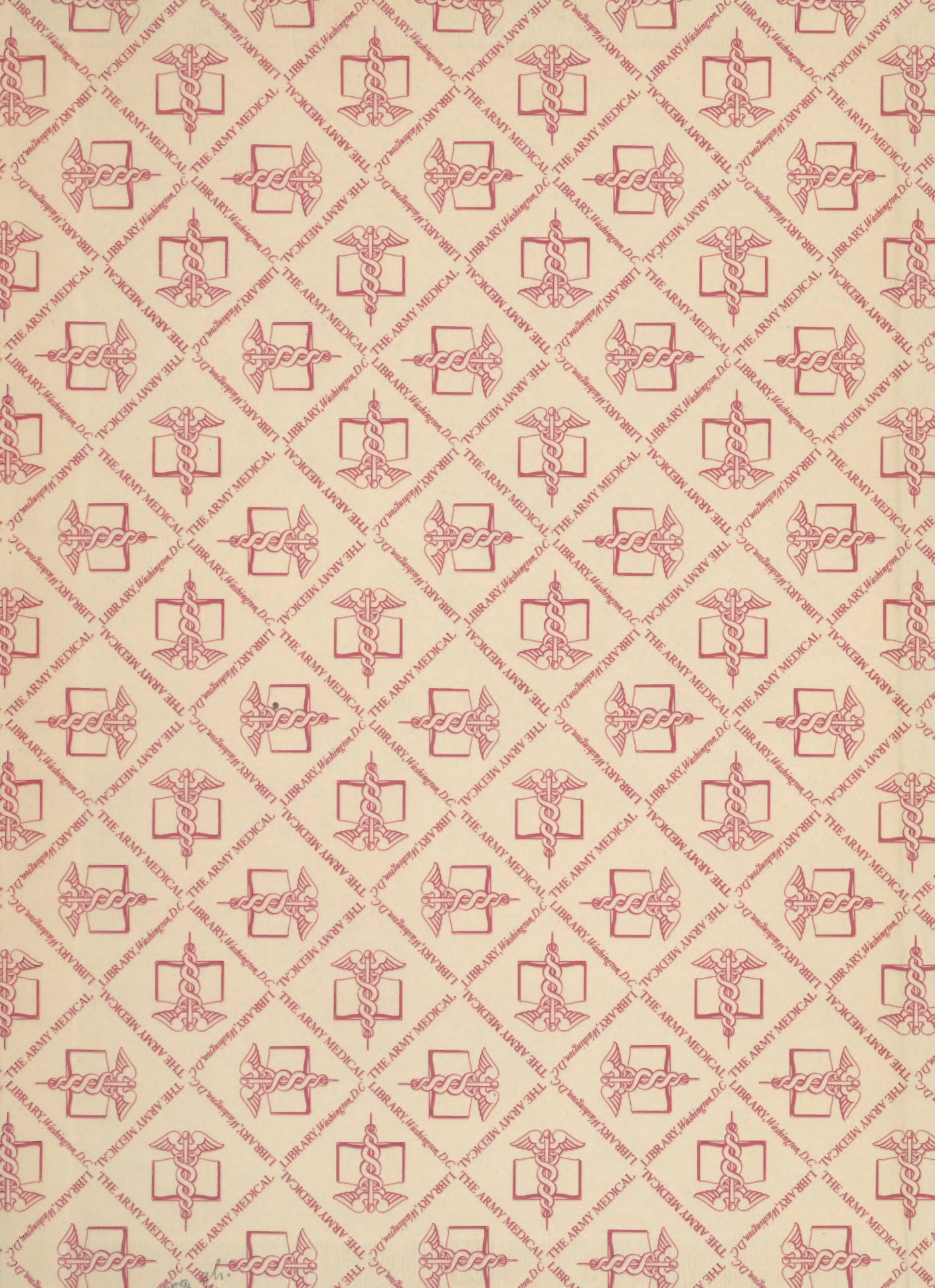
- *8-69 First Aid for Combat Injuries
- *8-70 First Aid for Non-combat Injuries
- 8-74 The Morphine Syrette
- 8-75 Med. Serv. of the Inf. Div. Part I- Med. Det.
- 8-76 " " " " " " Part II The Med. Bn.
- 8-77 Common Military Vehicles as Patient Carriers.
- 8-78 Ambulance Loading and Unloading
- 8-79 Anatomy and Physiology, Instructional Charts.
- 8-81 Ward Management and Nursing, Part I
- 8-82 " " " " , Part II
- 8-83 River Crossing Expedients for Medical Units.
- 8-98 Sterile Technic
- 8-101 Bandaging, Part I-Triangular Bandage
- 8-102 " , Part II Roller Bandage

e. Training Films, Miscellaneous Films and Film Bulletins. (4 each of the following)

- *8-155 Personal Hygiene
- *8-953 Malaria: Cause and Control
- *8-999 The Fly
- *8-1000 The Louse
- *8-1174 Purification of Water
- *8-1179 Disposal of Human Waste
- *8-1238 Sex Hygiene
- *8-1288 Louse-Borne Diseases
- 8-1343 Care of the Sick and Injured, Part I, Morning Care
- 8-1344 " " " " " " , Part II Evening Care
- 8-1345 " " " " " " , Part III Post Operative Care
- 8-1346 " " " " " " , Part IV Temp. Pulse & Respiration
- 8-1382 " " " " " " , Surgical Dressings
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